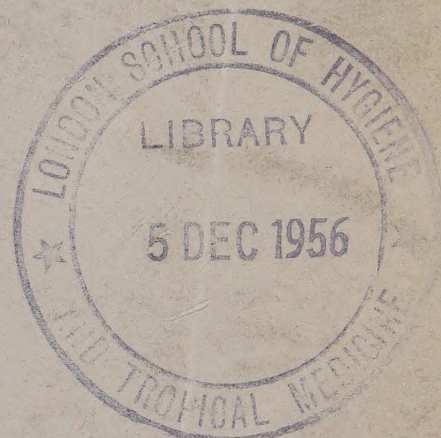


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NORTHERN IRELAND
TUBERCULOSIS AUTHORITY



SEVENTH
ANNUAL REPORT

YEAR ENDED
31st DAY OF DECEMBER, 1952



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NORTHERN IRELAND
TUBERCULOSIS AUTHORITY



SEVENTH
ANNUAL REPORT

YEAR ENDED
31st DAY OF DECEMBER, 1952

Presented to the Ministry of Health and Local Government in accordance
with Section 5 of the Public Health (Tuberculosis) Act (Northern Ireland)
1946

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N 87
1952

NORTHERN IRELAND TUBERCULOSIS AUTHORITY

Telephone 27871 (4 lines)

27 Adelaide Street,
Belfast.

23rd September, 1953

The Rt. Hon. Dame Dehra Parker, D.B.E., M.P.,
Minister of Health and Local Government,
Stormont, Belfast.

Dear Madam Minister,

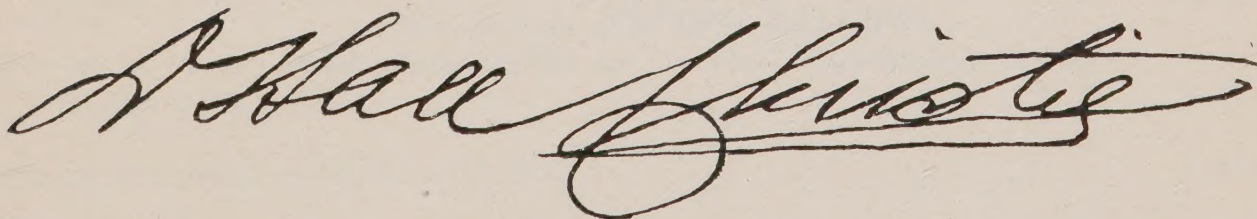
It is my privilege to present the Annual Report of the Authority in respect of the year ended 31st December, 1952.

In so doing, I am glad to be able to inform you that the tuberculosis death rate continues to decline and that, generally speaking, the delay in having patients admitted to hospital for treatment is much less than it was several years ago.

The further expansion of work is evidence of the increasing use that is being made by the public of the services provided by the Authority.

Once again, I should like on behalf of the Authority to thank you sincerely for your personal encouragement and support, and to say that the Members greatly appreciate the helpful assistance rendered by the officers of your department during the year.

*With respect, I remain,
Yours sincerely,*

A large, elegant handwritten signature in dark ink, reading 'Alan Christie'. The signature is written in a cursive style with a prominent loop at the end.

Chairman.

Northern Ireland Tuberculosis Authority

Established and Incorporated under the
Public Health (Tuberculosis) Act (Northern Ireland), 1946

MEMBERS OF AUTHORITY

Mr. D. HALL CHRISTIE, C.B.E., D.L.
(Chairman).

Alderman A. SCOTT, J.P.
(Vice-Chairman).

Professor F. M. B. ALLEN, M.D., F.R.C.P.

Mrs. M. J. BEATTIE, M.B.E., J.P.

Professor J. H. BIGGART, C.B.E., D.Sc.,
M.D., M.R.C.P.

Mr. M. BUSBY, J.P.

Councillor J. D. E. CHEYNE, B.A.

Mr. S. C. CUPPLES, J.P.

Dr. J. C. DAVISON, B.Sc.

Mrs. J. L. FINLAY, J.P.

Councillor Major W. D. GEDDIS, J.P.

Councillor T. W. HARPUR

Mr. J. N. LAMONT

Mr. W. J. McCOUBREY

Mr. J. A. McGLADE, J.P.

Councillor K. A. MacKENZIE

Mr. F. J. McKINLEY

Mr. A. MILLAR

Alderman J. TWYBLE, J.P.

—:O:—

Secretary

WILLIAM HARVEY, A.S.A.A., F.H.A.

—:O:—

HEADQUARTERS

27 ADELAIDE STREET,
BELFAST

STATISTICAL SUMMARY

Population of Northern Ireland as estimated by the Registrar General at 31st December, 1952	1,376,600
Number of deaths from respiratory tuberculosis	325
Number of deaths from non-respiratory tuberculosis	85
Total number of deaths from tuberculosis (all forms)	410
Death rate from respiratory tuberculosis per 100,000 of the population	24
Death rate from non-respiratory tuberculosis per 100,000 of the population	6
Death rate from tuberculosis (all forms) per 100,000 of the population	30
Number of new cases of respiratory tuberculosis notified	1,542
Number of new cases of non-respiratory tuberculosis notified	306
Total number of new notifications of tuberculosis	1,848
Number of new cases of respiratory tuberculosis diagnosed	1,529
Number of new cases of non-respiratory tuberculosis diagnosed	304
Total number of new cases of tuberculosis diagnosed	1,833
Morbidity rate per 100,000 of population from tuberculosis (all forms)	134
Number of known cases of tuberculosis at 31st December, 1952	14,838
Total number of hospital beds	1,646
Total number of clinic attendances	60,108
Number of X-ray examinations carried out by Mass Radiography Service (Static Unit)	37,620
Number of X-ray examinations carried out by Mass Radiography Service (Mobile Unit)	36,765
Number of persons vaccinated with BCG	6,494

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SECTION A

Northern Ireland Tuberculosis Authority

Formation

The Authority was established by the Public Health (Tuberculosis) Act (Northern Ireland), 1946, as a public authority with perpetual succession and a common seal. It was set up for the purpose of securing, in co-operation with sanitary and other local authorities, the prevention and more effective treatment of tuberculosis and kindred diseases.

Constitution

The Authority is constituted of seventeen nominated and two co-opted members. Of the former, four are nominated by the Minister of Health and Local Government, and thirteen by the several County and County Borough Councils on the following basis:—

County Borough of Belfast	.....	.....	4 members
County Borough of Londonderry	.....	.....	1 member
Counties of Antrim and Down	.....	.....	2 members each
Counties of Armagh, Fermanagh, Londonderry and Tyrone	.....	.....	1 member each.

Duties

Section 2 of the Public Health (Tuberculosis) Act (Northern Ireland), 1946, enacts that it shall be the duty of the Authority to make provision for:—

- (a) The accommodation and treatment of persons suffering from tuberculosis, including their general care, their care, and if necessary their maintenance during treatment, their care after treatment, and in co-operation with any government department or other body their industrial rehabilitation;
- (b) The discovery of cases of tuberculosis;
- (c) The prevention of tuberculosis;
- (d) The giving of advice to and the education of the public and of sufferers from tuberculosis with respect to the best means of preventing and treating the disease;
- (e) The institution of courses of instruction with regard to tuberculosis for medical students, doctors, nurses and other persons engaged in employment relating to public health duties, or the co-operation with and encouragement of other bodies in the provision of such courses;
- (f) The performance of any function transferred to or vested in it under or by virtue of this Act; and
- (g) The performance of any incidental function necessary for the making of any such provision as aforesaid.

Medical Staff

No. 1 AREA (population 687,698)

(Comprising the Union Districts of Antrim, Belfast, Ballymena, Larne and Newtownards)

Sub. Division A.

Consultant Chest Physician	.....	D. W. Wallace, M.D., D.P.H.
Chest Physicians	.....	Margaret E. Dunn, M.D., D.P.H. T. R. V. Irwin, M.B., D.P.H.

Sub. Division B.

Consultant Chest Physician	.....	J. N. Whyte, M.D., D.P.H.
Chest Physicians	.....	T. C. T. McFetridge, M.D. R. A. N. McMath, M.D., D.P.H.
Assistant Chest Physician	.....	Frances M. Ramsay, M.B., D.P.H.

Sub. Division C.

Consultant Chest Physician	.....	B. R. Clarke, M.C., M.D.
Chest Physicians	.....	C. F. Campbell, M.D., D.P.H. Audrey E. Lavelle, M.B.
Assistant Chest Physician	.....	C. E. Morris, M.B.

Whiteabbey Hospital

Senior Medical Officer	.....	P. Steen, M.D., D.P.H.
Principal Registrar	.....	D. G. Simpson, M.D., M.R.C.P.
Junior Hospital Staff (excluding House Officers)	.....	F. D. Honneyman, M.D. Anna C. Martin, M.B., D.P.H.

No. 2 AREA (population 303,046)

(Comprising the Counties of Armagh and Down together with the Urban and Rural Districts of Lisburn, less the Union District of Newtownards, the Rural District of Castlereagh and the Urban District of Holywood).

Consultant Chest Physician	.....	S. L. W. Erskine, M.D., D.P.H.
Chest Physicians	.....	A. McQuiston, M.B., D.P.H. F. M. J. McFerran, L.R.C.S.I., L.R.C.P.I., L.M. R. F. Stronge, M.D.

Musgrave Park Hospital (Tuberculosis Section)

Senior Medical Officer	.....	Agnes J. A. Maybin, M.D.
Senior Registrar	.....	J. B. Cromie, M.D., M.R.C.P.
Junior Hospital Staff (excluding House Officers)	.....	F. C. Coyne, M.B., D.P.H. Patricia Leitch, M.B.

No. 3 AREA (population 161,213)

(Comprising the Counties of Tyrone and Fermanagh excluding the Union District of Strabane).

Consultant Chest Physician	.....	E. F. James, M.D., M.R.C.P.I.
Chest Physician	.....	W. T. Warmington, M.D.
Senior Registrar	.....	G. G. Dallas, M.D.

No. 4 AREA (population 218,752)

(Comprising the County and County Borough of Londonderry together with the Union Districts of Ballycastle, Ballymoney and Strabane).

Consultant Chest Physician	.....	J. H. Moffett, O.B.E., M.D., D.P.H.
Chest Physician	.....	C. T. B. Adams, M.B., D.P.H.
Assistant Chest Physicians	.....	E. W. Knox, M.B. D. G. Sloan, M.B.

MASS RADIOGRAPHY SERVICE

Medical Director	.....	J. Ritchie, L.R.C.S.I., L.R.C.P.I., L.M.
Medical Director of Mobile Unit	.....	A. D. M. Hamilton, M.B., D.P.H.
Chest Physician	.....	N. J. Anderson, B.A., M.B.

PATHOLOGICAL SERVICE

Consultant Pathologist and Bacteriologist	Lilian V. Reilly, B.Sc., M.D., D.P.H.
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THE ORTHOPAEDIC HOSPITAL, GREENISLAND

Orthopaedic Surgeon (part-time)	H. P. Malcolm, M.C., M.B., M.Ch.
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BCG VACCINATION SERVICE

Medical Director	H. G. Calwell, B.A., M.D., D.T.M. & H. (Eng.)
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VISITING CONSULTANT STAFF

Whiteabbey Hospital

Thoracic Surgeon	T. B. Smiley, M.C., F.R.C.S.
Anaesthetist	.....	James Elliott, M.D.
Ear, Nose and Throat Specialist	.....	Kennedy Hunter, F.R.C.S.

LONDONDERRY CHEST HOSPITAL

Ear, Nose and Throat Specialist	S. E. Bolton, M.B.
---------------------------------	-------	--------------------

Crawfordsburn and Dungannon Chest Hospitals

Ear, Nose and Throat Specialist	H. Aitken, F.R.C.S.
---------------------------------	-------	---------------------

VISITING DENTAL SURGEONS

Whiteabbey Hospital	.....	M. T. Ferguson, L.D.S.
Londonderry Chest Hospital	.....	A. G. B. Duncan, L.D.S.
Dungannon Chest Hospital	.....	T. E. Alexander, L.D.S.
Crawfordsburn Hospital	.....	M. Dixon, L.D.S.
The Orthopaedic Hospital	.....	C. W. S. Austin, L.D.S.

HOSPITAL MATRONS

Armagh Chest Hospital	.....	.....	Miss S. Ewing, S.R.N., C.M.B., T.A., Q.I.D.N.
Crawfordsburn Hospital	.....	.....	Miss A. Porter, S.R.N., S.C.M.
Downpatrick Chest Hospital	.....	.....	Miss M. Martin, S.R.N., C.M.B.
Dungannon Chest Hospital	.....	.....	Miss A. Ferguson, S.R.N., S.C.M.
Killadeas Hospital	.....	.....	Miss E. Howe, S.R.N., S.C.M.
The Orthopaedic Hospital	.....	.....	Miss D. Melville, M.B.E., S.R.N., R.S.C.N., M.S.R.
Londonderry Chest Hospital	.....	.....	Miss D. Hill, S.R.N., S.C.M., R.F.N.
Whiteabbey Hospital	.....	.....	Miss D. A. Paton, S.R.N., S.C.M., M.D.T.

AREA CHIEF EXECUTIVE OFFICERS

No. 1 Area (Hospital Service)	.....	.....	D. L. Armstrong, B.COM.SC., Ph.D.
No. 1 Area (Clinic Service)	.....	.....	R. B. Stanage
No. 2 Area	.....	.....	T. A. Parkhill
No. 3 Area	.....	.....	S. G. Steele
No. 4 Area	.....	.....	J. B. Williamson

HEADQUARTERS ADMINISTRATIVE STAFF

Assistant Secretary	.....	.....	A. J. Gowdy, B.COM.SC.
Accountant	.....	.....	J. Magee, A.S.A.A.
Institutions Administrative Officer	.....	.....	R. Wolsey, B.COM.SC.
Administrative Officer	.....	.....	W. R. Kelly, M.I.H., A.H.A.
Maintenance Surveyor	.....	.....	S. B. Hamilton
Education, Propaganda and Research Officer	.....	.....	A. Barr, B.COM.SC.
Superintendent Health Visitor	.....	.....	Miss A. Brown, S.R.N., S.C.M., H.V. Cert., Q.I.D.N.

SECTION B

Northern Ireland Tuberculosis Authority

SEVENTH ANNUAL REPORT

ALTERATIONS IN MEMBERSHIP

As a result of the local government elections which took place in the months of May and June, 1952, the Membership of the Authority was altered as follows:—

- (a) Councillor K. A. MacKenzie was nominated by the Londonderry County Borough Council to fill the seat previously held by Councillor S. Orr, J.P.
- (b) Mr. S. C. Cupples, J.P., was nominated by the Down County Council to fill the seat previously held by Mr. A. Russell, J.P.
- (c) Councillor Major W. D. Geddis, J.P., and Councillor J. D. E. Cheyne, B.A., were nominated by the Belfast County Borough Council to fill the seats previously held by Alderman J. A. McGlade, J.P., and the late Councillor Sir William Johnston, B.A.
- (d) Mr. M. Busby, J.P., was nominated by the Tyrone County Council to fill the seat previously held by Mr. W. J. McKinstry.

The Minister of Health and Local Government nominated Mr. J. A. McGlade, J.P., to fill the vacancy caused through the resignation of Alderman P. Brown, C.B.E.

In exercise of the powers conferred by Article 3 of Part I of the First Schedule to the Public Health (Tuberculosis) Act (Northern Ireland) 1946, the Authority co-opted Professor F. M. B. Allen, M.D., F.R.C.P. and Professor J. H. Biggart, C.B.E., D.Sc., M.D., F.R.C.P. as Members of the Authority.

MEETINGS HELD DURING THE YEAR

The following Meetings of the Authority and Standing Committees were held during 1952:—

Authority	.....	.....	.....	14
Finance Committee.....	.....	.....	.....	28
Welfare Committee	.....	.....	.....	10
General Purposes Committee	.....	.....	.....	11

The Hospital Visiting Committees paid regular visits to the tuberculosis hospitals in their respective areas. The total number of meetings held during the year was 24.

The Medical Advisory Committee, appointed to advise the Authority on matters relating to medical policy met on 11 occasions and dealt with various items of a medical nature specifically referred to it for consideration.

PROVISION OF HOSPITAL ACCOMMODATION

In the year under review there was little change in the total number of beds available for the treatment of tuberculosis as compared with the position

at the end of the preceding year. A number of projects in relation to bed provision was dealt with, and it is hoped that work on the majority of these will commence in the incoming year.

One of the most important schemes put in hand during the year 1952 was the conversion of portion of the main hospital block at Whiteabbey Hospital to provide more suitable facilities for the treatment of surgical cases. The work under this scheme proceeded smoothly, and one section of twelve beds (six single bed wards and one six bedded ward) has already been brought into commission, whilst a similar section is expected to be ready for occupation at an early date. It is anticipated that the improved accommodation in this unit will make a marked contribution towards the treatment of patients requiring surgery, and that the waiting list of such patients will in the near future be reduced to reasonable limits.

The position in regard to other hospital development schemes may be summarised as follows:—

- (a) The plans for the enlargement of Londonderry Chest Hospital to a 200 bed unit have been approved, and steps are being taken to invite tenders for the carrying out of the contract works involved.
- (b) The scheme for the provision of a new operating theatre suite at Whiteabbey Hospital has been submitted to and approved by the Ministry of Health and Local Government, and the detailed plans and specification in respect thereof are now in course of preparation.
- (c) The provision of a minor operating theatre unit and improved waiting room facilities at Dungannon Chest Hospital has been sanctioned and arrangements are being made for the placing of the necessary contracts.
- (d) The work under phase one of the electrification scheme for Whiteabbey Hospital, involving the laying of an under-ground cable and installation of the necessary switch gear to provide a uniform electrical supply of 220/230 volts throughout the hospital, has progressed satisfactorily, and is expected to be completed in the spring of 1953.
- (e) Owing to legal difficulties the transfer by the War Department of portion of Waringsfield Hospital for use in the treatment of civilians suffering from tuberculosis has been delayed, but the Authority is hopeful that these difficulties will be resolved in the reasonably near future.
- (f) A revised scheme for alterations and improvements to Killadeas Hospital has been prepared, under which the various works involved, apart from plumbing services, will be carried out by direct labour. Operations on the first phase of the scheme have begun, and present indications are that this section will be completed in the early months of 1953. At the moment 30 patients are accommodated in the hospital, but when the alterations to the wards are carried out the bed capacity of the hospital will be increased to 45.
- (g) In order to comply with the requirements of the Northern Ireland Fire Authority a scheme has been drawn up and approved by the Ministry of Health and Local Government for the erection of a fire escape tower and fire partition barriers at Crawfordsburn Hospital. The Authority expects to place the contract for this work within the next few months.

- (h) The Ministry of Health and Local Government has approved in principle the expenditure of a sum of £2,000,000 for a new 500 bed tuberculosis hospital to be erected at Brookhill, County Antrim. The lay-out plans for this hospital are now in course of preparation by Messrs. S. W. Milburn & Partners (Architects), and the Authority hopes shortly to be in a position to proceed with the site works.

The total number of beds available at 31st December, 1952 for the treatment of all forms of tuberculosis was 1,646, or the equivalent of four beds per annual death.

The allocation of beds is as follows:—

Name of Hospital	Respiratory		Non-Respiratory		Total
	Adults	Children	Adults	Children	
Armagh Chest Hospital	40	—	—	—	40
Crawfordsburn Hospital	—	95	—	—	95
Downpatrick Chest Hospital	45	—	—	—	45
Dungannon Chest Hospital	95	—	—	—	95
Killadeas Hospital	30	—	—	—	30
Londonderry Chest Hospital	172	—	—	—	172
The Orthopaedic Hospital	—	—	40	80	120
Whiteabbey Hospital	307	26	5	6	344
Total Beds in N.I.T.A. Hospitals.....	689	121	45	86	941
Forster Green Hospital	206	—	—	—	206
Musgrave Park Hospital	337	—	34	17	388
Belfast City Hospital	59	—	1	17	77
Other General Hospitals	16	5	9	4	34
Total Beds in N.I.H.A. Hospitals.....	618	5	44	38	705
TOTAL OVERALL	1,307	126	89	124	1,646

CLINIC SERVICES

The basis of preventive arrangements is naturally the chest clinic and what it stands for by way of diagnostic facilities and the various other services available to the public. It is gratifying to record that during the past five years the clinic service in the Province has undergone a complete transformation and to-day, the chest clinics (which are equipped or linked with X-ray facilities) are located at general or chest hospitals, except in a very few instances, when they are housed in premises specially set aside for the purpose.

In an endeavour to improve the clinic service to the patients in the Limavady area, it has been agreed with the Management Committee of the Roe Valley Hospital to make facilities available in the hospital for the holding of weekly clinics.

The work involved in carrying out the alterations and improvements to Coleraine Chest Clinic has been completed.

Contracts in respect of the proposed extension of the Central Chest Clinic, Durham Street, have not yet been definitely placed, but indications are that operations on this scheme will begin in the early months of 1953.

The improvements and extensions in clinic facilities are revealed in the increased number of patients and contacts who have availed themselves of the service during the year.

MASS RADIOGRAPHY SERVICE

The number of persons who attended the Mass Radiography Units for examination during the year 1952 reached the record total of 74,385, which represents a percentage increase of 15.17 over the preceding year. Of this number 442 were found to have active pulmonary tuberculous lesions, whilst 758 cases of inactive post primary disease were discovered.

At the beginning of the year a scheme was introduced whereby general practitioners resident in Belfast or within a reasonable distance thereof, were invited to refer "symptomless" cases direct to the Mass Radiography Centre, 225 Albertbridge Road, Belfast, for examination. This service has proved exceptionally popular as revealed by the fact that 7,852 persons attended the special weekly sessions set aside for this work. It is interesting to note that of the general practitioner cases referred under this scheme 2.32 per cent were found to have active pulmonary tuberculosis. This figure is in contrast to that of 0.39 per cent for the cases identified by the Mass Radiography Units in the population as a whole. The relatively high incidence of active disease found amongst the cases referred by general practitioners is an indication of the value of the new scheme and justifies its introduction.

The second mobile unit, which was ordered on 17th July, 1951, is expected to be delivered in the month of March, 1953. It is anticipated that the presence of this unit linked with the existing equipment will bring mass radiography facilities within the reasonable reach of those who elect to avail themselves of the service.

A detailed analysis of the work carried out by the Mass Radiography Service during 1952 is given in Tables XXXII and XXXIII.

BCG VACCINATION SERVICE

In the month of April a physician was appointed to take charge of the special department set up to co-ordinate arrangements for BCG vaccination throughout Northern Ireland.

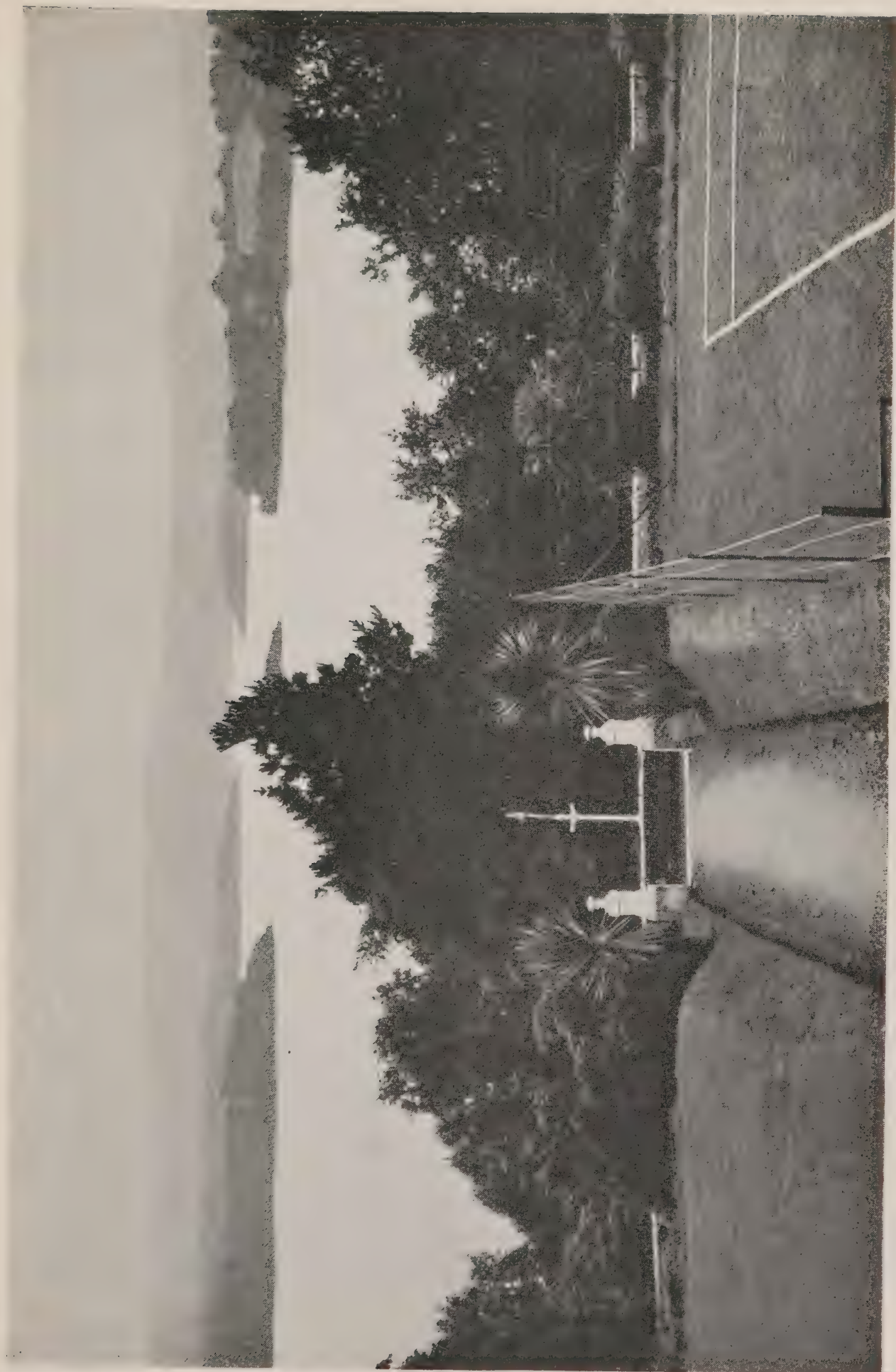
The work of the department expanded consistently during the year, but it was early recognised that if BCG were to be applied widely the active support and co-operation of the Northern Ireland Hospitals Authority and of the County and County Borough Health Committees must be secured in order to carry the scheme into maternity hospitals, schools and welfare centres. An approach was made to these bodies during the year, and it is pleasing to report that all have expressed willingness to participate in the scheme. The preliminary plans in connection therewith are well advanced, and steps have been taken to expand the vaccination programme on a gradual basis to meet the needs of the situation.

The response to the BCG campaign is encouraging. During the year 6,494 vaccinations were performed and this figure added to the number of vaccinations carried out in previous years brings the total number of vaccinations to 12,386 since BCG was introduced in July 1949. These figures include the very considerable number of vaccinations undertaken at the Royal Belfast Hospital for Sick Children and the Authority is indebted to the Medical Staff of that hospital for their continued support and active co-operation in the development of the Scheme.

A uniform system of records is in operation and contains information in respect of all vaccinations performed in the Province.

LABORATORY SERVICES

The volume of work carried out at the Central Laboratory, Whiteabbey, and at the laboratory attached to the Londonderry Chest Hospital continues



Outlook from a Ward of Killadeas Hospital



Interior of Single Ward Unit, Whiteabbey Hospital

to expand. In the case of the latter, the number of investigations in 1952 is almost double the number carried out in the preceding year. During the period a small laboratory was established at Dungannon Chest Hospital and the routine tests of that hospital and the adjoining area which had previously to be referred to the Central Laboratory are now carried out there.

A detailed statement of the investigations undertaken at each of the above-mentioned centres is given in Table XXXIV.

HOSPITAL WELFARE SERVICES

As in previous years, patients in all hospitals controlled by the Authority were provided with a varied and interesting programme of entertainments, all of which were of a high standard. In the early months of the year film shows were given by the Belfast and District Hospitals' Entertainment Association, but this arrangement was discontinued at the end of March, from which date the supply of films to the hospitals was arranged direct by the Authority. This change was inevitable by reason of the fact that, through the generosity of the National Association for the Prevention of Tuberculosis and other voluntary organisations, most hospitals were supplied with their own projectors and so were in a position to show films themselves. The Authority desires to place on record its deep appreciation of the services so willingly given by the members of the Belfast and District Hospitals' Entertainment Association during a period when, without their help, the regular showing of films for the patients would have been quite impossible.

In addition to the regular programmes of films at each hospital, the patients enjoyed, *inter alia*, plays, concerts and band performances. Outstanding amongst such programmes at Whiteabbey Hospital was a visit of the "*Logan Family*" and participation in a "*Here's Your Chance*" programme from the Ritz Cinema, Belfast.

In addition to organised entertainments, facilities such as billiards, clock golf, croquet and putting are available for self-entertainment and continue to be much appreciated by the patients.

For the convenience of patients a shop is organised by the hospital staff in each hospital. Such an arrangement provides a convenient method of purchasing confectionery, cigarettes, etc., and at the same time provides facilities for patients to cash postal orders and National Assistance cheques.

The Hospital Library Service operated by the Red Cross and St. John's organisation continues to provide a book service of a high standard to the patients. During the year a bookbinding department was established at Whiteabbey Hospital with the two-fold object of providing an additional diversional occupation for the patients and an economical means of repairing damaged books.

The Diversional Therapy Scheme continues to operate successfully in all hospitals. The scheme is organised with the co-operation of the National Association for the Prevention of Tuberculosis, by whom full-time instructors are employed on an agency basis for the Authority.

All the work done in this branch of the welfare scheme is of an exceptionally high standard and many exhibits were on show at the Authority's Annual Exhibition of Handicrafts in the Wellington Hall, Belfast, during the period 8th-12th December, 1952.

In the children's hospitals at Crawfordsburn and Greenisland many of the children are enrolled in youth organisations which meet regularly at each hospital.

Special schools under the direction of the Ministry of Education are held at Crawfordsburn and Greenisland, and instruction is given in a manner admirably adapted to the surroundings and the special circumstances pre-

vailing. The reward of the unstinted work of the teaching staff is the wonderful progress made by the children.

During the year Divine Services were held weekly in all hospitals for the various religious denominations and special services were arranged for Easter and Christmas. The devotion of the chaplains of the various denominations to the spiritual needs of the patients was sincere and of great benefit.

Gifts in money and in kind continue to be received at all hospitals from an ever-widening circle of interested persons and voluntary organisations, and the Authority takes pleasure once again in recording sincere thanks to all those who have assisted in this way to promote the welfare of those less fortunate members of the community who are required to spend some time as hospital in-patients.

NOTIFICATIONS

During the year 1,542 respiratory and 306 non-respiratory cases were notified or intimated, making a total of 1,848. Of this number 19 respiratory and 8 non-respiratory were found either not to be suffering from the disease, or to have been previously notified, thereby reducing the number of new cases notified during the year to 1,821 (1,523 respiratory and 298 non-respiratory).

In addition, posthumous notifications were received during the early weeks of 1953 in respect of 6 respiratory and 6 non-respiratory cases who had died in 1952, which brought the total of new cases diagnosed during the year to 1,833 (1,529 respiratory and 304 non-respiratory), (see Tables IV and V).

CLINIC ATTENDANCES

A summary of the work done during the year is contained in Tables VIII to XXIV. From these tables it will be seen that a total of 60,108 attendances at clinics was recorded during 1952, compared with 55,276 in 1951, and is the largest total of attendances yet recorded. A further decline in the overall number of patients attending for collapse therapy is also recorded. The total for the year was 14,733 (7,473 artificial pneumothorax refills and 7,260 artificial pneumoperitoneum refills).

The number of persons examined for the first time (excluding contacts) was 10,826, compared with 12,336 in the previous year. Including contact examinations, a grand total of 17,882 persons was examined for the first time.

Radiological examinations have increased from 47,795 to 55,873 despite the fact that arrangements were made during the year for "symptomless" cases in the Belfast area to be referred for initial examination to the Mass Radiography Centre at Albertbridge Road, Belfast. This upward trend, which has been in evidence for some time, renders the provision of additional X-ray facilities an urgent necessity.

The number of observation cases (Table VIII) was 2,969 which is again higher than the number of new cases diagnosed. Many of these cases are affected by tuberculosis in a slight form, and it is gratifying to know that the vast majority of them recover normal health without showing any definite signs of active disease.

DEATHS

According to the Registrar-General for Northern Ireland 325 deaths from respiratory tuberculosis and 85 from non-respiratory tuberculosis occurred in the Province during the year ended 31st December, 1952. This represents a death rate of 30 per 100,000 of the population, compared with a rate of 45 in 1951 and 103 ten years earlier. The steady decline in the death rate to the

present record low level is most gratifying and there appears to be little doubt that the wider use of antibiotics, modern drugs and surgery in the treatment of the disease is having an increasingly favourable effect on the death rate from year to year.

It is noted that 24 persons certified as having died of tuberculosis were not on the Authority's Tuberculosis Register at the date of death. The number of such non-notified cases decreases from year to year, and those that are not reported before death occurs are usually persons suffering from miliary and meningeal forms of tuberculosis where the time between the onset of the disease and death is often so short that there is not an opportunity for formal notification.

Table XXXIV analyses the 410 certified deaths in age groups.

MEDICAL EXAMINATION OF CONTACTS

The 1951 Report contains a reference to a survey which was made by the Authority in October of that year to determine the causes for non-examination amongst contacts of notified cases.

The results of this survey revealed evidence that the importance of contact examinations was not fully appreciated by relatives of proven cases.

An intensified programme of follow-up visitation by the Health Visiting Staff was undertaken during the year 1952, and a return was furnished after an interval of three months from the date of notification showing the total number of cases notified; the number of contacts involved; the number of such contacts who had presented themselves for examination, and the reasons for non-examination in outstanding cases. A further report was furnished six months after notification on these outstanding cases, which recorded any additional examinations carried out in the interim period.

Table X gives a summary of the position six months after notification in regard to the examination of contacts of new cases notified during the period January—June 1952. From this table it will be noted that 905 new cases were notified in the six months and that the total number of contacts was 4,012 representing an average of 4.4 contacts per case. The total number of contacts examined after a period of six months from the date of notification was 3,033 (75.5 per cent). The response was highest in the children's age group (1,220 or 87.6 per cent.) followed by adult females (844 or 70.5 per cent) and adult males (969 or 67.7 per cent).

The total number of contacts unexamined was 979 for which the following analysis of reasons for non-examination was made:—

- 5 refused on religious grounds.
- 22 left district—whereabouts unknown.
- 40 unable to attend because of old age and infirmity.
- 21 unwilling to forfeit wages.
- 11 unable to attend because of illness.
- 2 died before examination could be arranged.
- 878 refused—no reason given.

The total number of contacts examined in the full year was 7,056, compared with 5,304 in the previous year and 6,209 in 1950. (Table IX).

The percentage of adult contacts found tuberculous, 4.2, compared with 4.3 in the previous year, continues to support the contention that a high proportion of undiagnosed cases in the community are to be found amongst contacts.

HOSPITAL WAITING LIST

In the report for the year 1951 it was observed that there had been a marked reduction in the number of patients awaiting hospital treatment. At the end of that year there were 374 patients on the waiting list, and it is encouraging to record that a further substantial reduction occurred during the year under review. At the 31st December, 1952, the total number of patients on the waiting list was 225 (Table XXX) of which 202 were pulmonary cases.

The number of additions to the waiting list was 1,580, compared with 1,624 in 1951 and 1,985 in 1950. Early diagnosis and treatment coupled with the growing use of modern methods of treatment for domiciliary patients, are cogent factors in effecting a reduction in the demand for hospital beds. The home help service is also making a valuable contribution in this respect.

There has been a corresponding fall in the numbers refusing hospital treatment, and in the numbers removed from the waiting list for other reasons as the following table reveals:—

PATIENTS REFUSING HOSPITAL TREATMENT

Reason for Removal	1951	1952
Patients preferred to rest at home	43	37
Patients refused to co-operate	27	58
Domestic difficulties	7	13
Parents refused	16	12
Hospital phobia	8	2
Other reasons (various)	20	16
No reason given	28	—
Totals	149	138

PATIENTS REMOVED FOR OTHER REASONS

Reason for Removal	1951	1952
Improvement in condition	310	172
Deterioration in condition	8	5
Transfers to other areas	16	12
Other reasons (various)	6	39
Totals	340	228

HOSPITAL TREATMENT

Table XXV shows that 1,903 patients were admitted to hospital during the year, compared with 1,843 in the previous year and 1,605 in 1950. The increase in the turnover of beds is due in the main to a reduction in the average length of stay in hospital as the number of beds available at the end of the year—1,625—was substantially the same as at the end of 1951.

From Table XXVII it will be noted that the total discharges during the year was 1,953. Of this number 441 remained under treatment for periods not exceeding 3 months, 404 remained for periods not exceeding 6 months, 634

received treatment for periods up to one year, while 474 patients remained in hospital for periods in excess of one year.

The treatment of the disease has continued during the year along familiar lines, with bed rest and collapse therapy filling essential roles. The use of chemo-therapy has given rise to an increase in the use of the various forms of major thoracic surgery, with the result that the waiting list for major surgery remains a lengthy one. The need for action to reduce this list has received active attention, and a number of proposals designed to cope with the problem has been adopted, and in part carried into effect.

Whiteabbey Hospital continues to be the principal centre for the reception and treatment of miliary and meningeal cases. The unit remained filled during the year.

Physiotherapy, which was commenced in Whiteabbey Hospital in 1951, continues to be invaluable in the post-operative treatment of surgical cases.

In March 1952 physiotherapy was commenced in the Orthopaedic Hospital, where, to enable the full range of treatments to be given when required, a considerable quantity of electrical and gymnastic apparatus was installed.

The Authority gratefully acknowledges the co-operation received from Dr. G. Gregg, Department of Physical Medicine, Royal Victoria Hospital, through whom the attendance of physiotherapists on an agency basis is arranged.

CHEMO-THERAPY

Streptomycin and para-aminosalicylic acid continue to be used to a very considerable extent in the treatment of the disease. Preliminary treatment in the home with these drugs has contributed to a reduction in the length of stay in hospital. There appears to be no doubt that chemo-therapy will continue to play a large part in the treatment of tuberculosis.

In addition to streptomycin and para-aminosalicylic acid, a new drug isonicotinic acid hydrazide was introduced during the year. It is stated that this drug is much more effective than streptomycin and is successful against organisms that are resistant to streptomycin and para-aminosalicylic acid.

Dr. J. H. Moffett, O.B.E., Consultant Chest Physician, in his report on the work of Londonderry Chest Hospital for the year 1952 makes the following comments regarding the use of INH in the treatment of the disease:—

“The most notable advance in 1952 was the introduction of isonicotinic acid hydrazide. This drug became available in small amounts in March and a month later was available in unlimited supply. Whilst it does not do all that the first widely publicized reports from the U.S.A. suggested, it is a very valuable additional weapon in our attack on tuberculosis. It has, like streptomycin and PAS the disadvantage that when it is used alone the tubercle bacillus becomes resistant to it, so that the effect is greatly reduced after two or three months, but this development of resistance is retarded and perhaps prevented by giving it in combination with streptomycin. This combined treatment with streptomycin and isonicotinic acid hydrazide appears to be the most effective of all known methods of treatment of pulmonary tuberculosis by drugs and during the latter half of the year was widely used in both hospital and domiciliary treatment.”

Dr. A. J. A. Maybin, Senior Medical Officer, Musgrave Park Hospital, also comments on the experience gained in the use of this drug during the year:—

“The general impression following the experience of several months’

use of this drug in a large number of patients has been that it is an important and valuable addition to the chemo-therapy of tuberculosis, but we think that both the original and subsequent claims from Seaview Hospital have been too sweeping.

"The general tonic effects of the drug have been much less marked than those claimed by the American authors. In the majority of cases fever has disappeared, though not with the remarkable rapidity we had been led to believe. In the great majority of cases cough and sputum have improved and virtually disappeared, but this improvement has not been as marked or as rapid as has been the experience of those patients who formerly had been treated with streptomycin. With a dosage of 4 mgm. per kgm. body weight the toxic effects have not been troublesome or frequent. In one case the drug was discontinued because of the increased frequency of convulsions in a known epileptic under sedative and anti-convulsive treatment. In another case the drug was discontinued because of sensitivity in the form of a severe skin rash accompanied by vomiting and pyrexia. We are unable to give any considered opinion regarding its effect on endo-bronchial disease, laryngitis, enteritis or tuberculous sinuses.

"Radiologically, improvement has taken place in a large number of cases, but the extent and degree of improvement was in many disappointingly small and in some a relapse occurred within a few months of the termination of the treatment.

"Bacteriologically, the great majority of sputa have temporarily converted from positive to negative, but in a considerable number of these cases the sputum later reverted to positive.

"In the early period of its use Isoniazid was used alone, but even then the incidence of resistant organisms was low. To date no cases with resistant organisms have been noted since the drug was combined with PAS, with streptomycin, or when all three drugs were used together. Probably one of its chief functions is in combination with PAS in a patient where streptomycin is withheld for specific reasons, *e.g.*, cover for thoracic surgery.

"The introduction of yet another 'cure' for tuberculosis serves to remind us that bed rest and collapse therapy must still play the major roles in the treatment of this disease."

TRAVEL VOUCHERS

The travelling expenses incurred by patients and contacts who are required to attend Chest Clinics for examination are paid by the Authority and this arrangement undoubtedly contributes appreciably to the success attending the Authority's efforts in regard to the examination of contacts which is reported in detail elsewhere in this report.

In addition, provision is made for the issue of monthly vouchers to two relatives of each patient undergoing hospital treatment to enable regular visits to be made to patients. The issue of such vouchers is confined to those relatives whose return journey to the hospital concerned costs more than 2/6d.

There were 1,086 relatives of 609 patients in receipt of vouchers at 31st December, 1952, while the total number of vouchers issued during the year was 19,972, compared with 20,014 in the previous year.

MILK

The supply, free of charge, of extra nourishment in the form of milk, continues to be much appreciated by patients. The issue of milk is authorised following receipt of a recommendation from the Chest Physician to the effect

that, in his opinion, such nourishment is necessary, having regard to the medical condition of the patient. The scheme provides for the issue of one pint of pasteurised or Grade 'A' milk daily where such recommendations are received. Recipients are kept under constant review, and supplies terminated when, for any reason, they are no longer considered necessary.

There were 1,993 patients in receipt of milk at 31st December, 1952, compared with 1,851 at the same date in the previous year. The average number of persons receiving milk during the year was 1,933 and the total quantity of milk supplied amounted approximately to 97,400 gallons.

ANCILLARY NOURISHMENT

The Authority continues to issue certain additional items of nourishment, *e.g.*, malt with cod liver oil, irol and irolax, from the Chest Clinics. Such benefits are supplied free of charge to those patients who are recommended by the Chest Physician.

BEDS AND BEDDING

Certain items of bedding are issued free on loan where such items are necessary to ensure proper segregation of the patient. Issues under this heading include bed; mattress, blankets, sheets, pillows, pillow cases and rubber sheeting.

Beds and bedding have been distributed throughout the entire Province, but the main demand for them naturally exists in the Belfast area because of the density of the population.

Information compiled during the year in respect of 1,950 cases reveals that of this number 949 patients had a separate room and bed. The remaining 1,001 cases were required to share a bedroom with other members of the family, and of this total 837 patients or 43 per cent of the number covered by the survey, shared a bed with another member of the family.

These figures emphasise the need for continued use of the bed and bedding scheme, but not all cases can be segregated in this way as the size of the rooms and the numbers in the family often make it impossible to install extra bedding. When this problem exists re-housing of the family is the only satisfactory solution, and in this connection it is gratifying to report that in spite of the continued shortage of new housing accommodation, the claims of tuberculous patients are given high priority and a fair allocation of new houses is being provided for such applicants.

The number of patients in receipt of bed and bedding at 31st December, 1952, was 1,024, compared with 1,008 in the previous year and 918 in 1950 (Table XXII.) Table XXI analyses the issues made under the scheme during the year.

CHALETS

The Authority has purchased 167 chalets since it came into existence in 1946. Ten other chalets which were vested in the Authority at the date of transfer of functions from the County and County Borough Tuberculosis Committees are still in use, making a total of 177.

The chalets are issued free on loan in cases where it is not possible to provide the necessary isolation in the home and where sufficient ground adjoining the house is available for the erection of the chalet. The cost of erection and transport is borne by the Authority.

At 31st December, 1952, 102 chalets were on issue to domiciliary patients.

NATIONAL ASSISTANCE

Patients undergoing treatment for tuberculosis of the respiratory system, who are over 16 years of age and who have suffered a loss of income, qualify

for National Assistance under the National Assistance Act (Northern Ireland) 1948, at special rates applicable to such persons. The rates were increased during the year to offset the general rise in the cost of living and at 31st December were as follows:—

(a)	For a husband and wife	s.	d.	
	(i) of whom one is such a person	77	0	weekly
	(ii) of whom both are such persons	89	0	„
(b)	For any other such person being—			
	(i) aged 21 years or over	53	0	weekly
	(ii) aged 18 years or over but less than 21 years	41	0	„
	(iii) aged 16 years or over but less than 18 years	33	6	„

In addition to the above rates a weekly sum in respect of requirements for rent is allowable in certain circumstances.

The above rates are maximum payments. The available resources of an applicant are aggregated and the National Assistance payment will represent the amount by which the available resources fall short of the rates specified above.

HOME HELP SERVICE

The satisfactory arrangements for the operation of a home help scheme on an agency basis, which the Authority made with the several County and County Borough Health and Welfare Committees were continued during the year, and in addition a directly-controlled scheme formulated by the Authority with the approval of the Ministry of Health and Local Government came into operation on the 1st January to cover those areas of the Province where no other home help scheme existed.

There has been a continued and increasing demand for this service during the period under review, and at the 31st December, 113 Home Helps were employed in tuberculous households compared with 78 in the previous year, and 22 in 1950. The total number of patients supplied with Home Helps in the year 1952 was 220 and of this total 69 patients were on the waiting list awaiting hospital treatment, 79 patients had just been discharged from hospital, while the remaining 72 patients were those for whom hospital treatment was not essential. The average length of stay in cases terminated during the year 1952 was 25 weeks.

In contrast to the other Welfare Schemes operated by the Authority, Home Helps are supplied on condition that the recipients contribute towards the cost in accordance with their means. For this purpose they are required to submit a Declaration of Means, and after allowances are made for expenses and subsistence, the amount of the assessment is determined according to a sliding scale.

The service is designed to provide temporary domestic help in a household for the health and well-being of a mother and/or children, where arrangements cannot otherwise be made with relatives or friends for the care of children in the home, and for the carrying out of household duties:—

- (i) during a period of rest at home for the mother prescribed by the Chest Physician.
- (ii) where the mother is dead or in hospital and the father of the children is a tuberculous patient undergoing treatment for the disease.



Dissectional Therapy at the Orthopaedic Hospital School



Section of Staff Dining Room, Downpatrick Chest Hospital

The increasing use of PAS and streptomycin in the domiciliary treatment of patients contributes to the rising demand for domestic assistance as many patients are now successfully treated at home, who would formerly have required a period of hospital treatment. In this respect the home help scheme is effecting an appreciable saving in the use of hospital beds and renders it easier for urgent medical cases to be quickly admitted to hospital.

The Authority once again records its thanks to the Health and Welfare Committees for their co-operation in the operation of the scheme. Its success is in no small measure due to the prompt attention which is given to the many administrative problems which arise from time to time.

HOME NURSING

The successful home treatment of the disease depends primarily on adequate nursing care being available for the patient and this has been forthcoming as a result of the arrangements made with the various local Authorities in the Province. By this arrangement the nurses on the staffs of the Health Authorities make periodic visits to tuberculous patients on request and undertake whatever home nursing duties are required.

During the year under review more than 300 patients were visited regularly and the total number of visits made to these patients exceeded 9,000.

To assist in the home nursing of tuberculous patients the Authority provides on free loan certain home nursing appliances, *e.g.*, bed pans, bed rests, bed cradles, etc., and there is evidence that this Service is greatly appreciated by the patients concerned.

DIVERSIONAL THERAPY FOR DOMICILIARY PATIENTS

The provision of diversional therapy for patients who are undergoing home treatment has continued during the year, and so far Mrs. Crawford Browne of the British Red Cross Society, has managed to cope with all the requests that have been received. The Authority takes this opportunity of recording sincere thanks to Mrs. Browne for her untiring efforts and for the many hours which she spends each week in visiting patients in their homes and supplying them with materials for diversional therapy work. This aspect of the diversional therapy scheme has developed to such an extent that it was possible to include in the Christmas Exhibition of Handicrafts a separate stand showing the work which was done by domiciliary patients. All the patients concerned were unanimous in their praise for the interest and enthusiasm with which Mrs. Browne carries out her work.

REHABILITATION

The Multigraph Department which is established at Headquarters represents the initial stage of the Authority's rehabilitation programme and continues to be staffed completely by ex-patients, a number of whom have now resumed employment under normal conditions following a period of rehabilitation in this department.

The costed value of the work done during the year ending 31st March, 1952 was £3,106, compared with £2,094 for the period ended 31st March 1951 and £343 in the previous year. Most of the printing work required by the Authority is undertaken by this department and an important development in the work has been the use of various colours in the production of propaganda leaflets and posters.

In order to meet the increased demands made on the department an additional multilith offset machine was installed early in the year.

The Authority's policy of employing ex-patients within the service has been pursued and the possibility of employment within the home help service is constantly brought to the notice of patients whose disease is now quiescent.

As stated elsewhere in the report, the Authority is proceeding with the planning and development of the Brookhill Site near Lisburn, where the provision of a full-scale rehabilitation centre is contemplated.

HEALTH VISITING

The gradual increase in the number of patients under supervision at chest clinics made it necessary to increase the establishment of health visitors during the period covered by this report. The authorised establishment of health visitors at 31st December, 1952, was 1 Superintendent Health Visitor and 36 Health Visitors, assisted by 4 Clinic Nurses employed solely in the Central Chest Clinic, Durham Street, Belfast.

The day-to-day work of the health visitors has continued in very much the same way as in previous years, with, perhaps, special emphasis being placed on the efforts made to persuade contacts to attend for examination. As reported elsewhere, these efforts met with varying success, and it is obvious that there is much still to be done by way of persuading the general public to take a realistic view of the measures necessary to prevent the spread of infection in the home.

The routine visitation of patients now requires the health visitors to cover a greater weekly mileage by reason of the fact that many patients have been re-housed in the extensive new housing estates which, in the main, have developed around the suburban outskirts of the City. Visits to these pleasant environs and the more comfortable accommodation which such patients now enjoy adequately compensate the health visitors for the longer journeys involved.

The main problems in the domiciliary field are still concerned with housing, the overcrowding of families (particularly where there is a large family of children) and the economic problems arising from the presence of continued illness in the home. Not all patients are able to afford the additional comforts and food which are considered advisable, and there is a growing need for help in the re-establishment of patients who are now able to work. Many return to posts that have been kept open for them, but those who are not in this fortunate position are sometimes difficult to place.

Health Visitors have continued to co-operate with their colleagues in other fields, particularly with almoners working in the various hospitals, and with health visitors working in the Maternity and Child Welfare and School Health Services. The co-operation of the Ministry of Labour, the National Assistance Board and voluntary organisations, such as the Belfast Council of Social Welfare, the British Red Cross Society, the British Legion, the Forces Help Society and the Society of St. Vincent de Paul in helping to resolve difficult cases is gratefully acknowledged.

EDUCATION AND PROPAGANDA

The work of the special department established to deal with education and propaganda is still expanding. Numerous publications were produced in the course of the year for distribution to the general public and/or to special groups within the community.

The use of display stands at agricultural and other shows remains a feature of the publicity campaign, and unquestionably the members of the public continue to evince an increasing interest in the propaganda material exhibited.

Various other ways and means of educating patients and members of the

general public are being pursued. Amongst other things, it is hoped shortly to issue a booklet for the guidance of patients, whilst plans are being made to conduct an educational campaign through the medium of newspapers circulating throughout Northern Ireland.

The need for widespread publicity is keenly recognised by the Authority, whose intention it is to use propaganda on a comprehensive scale in the belief that a community which knows the facts about tuberculosis is one which will wipe out the disease in the shortest space of time.

FINANCIAL SCHEME FOR THE YEAR ENDING 31st MARCH, 1953

The draft financial scheme for the year ending 31st March, 1953, as approved by the Ministry of Health and Local Government under Regulation 15 of the Public Health (Tuberculosis) Regulations (Northern Ireland), 1946, makes provision for an estimated net expenditure of £650,700, allocated over the following headings:—

(i) For services analogous to the Hospital and Specialist Services:

	£	£
(a) Hospital Expenses	409,985	
(b) Clinic Service	71,140	
(c) Mass Radiography Service	20,000	
(d) Bacteriological Service	7,730	
(e) Administrative Expenses	33,860	
(f) Contingencies	3,985	
	<hr/>	546,700

(ii) Other Services:

(a) Domiciliary and Welfare Services	95,960	
(b) Administrative Expenses	7,040	
(c) Contingencies	1,000	
	<hr/>	104,000

TOTAL	£650,700
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In accordance with the provisions of Section 20 of the Public Health (Tuberculosis) Act (Northern Ireland) 1946 as amended by Section 54 of the Health Services Act (Northern Ireland) 1948, the expenditure specified has been assessed on the several contributing Bodies in the following proportions:—

(a) Amount chargeable to the Ministry of Health and Local Government (total expenditure on items shown under heading (i) and half of the expenditure on items shown under heading (ii))	£598,700
(b) Amount chargeable to County and County Borough Councils in the same proportion as the total net annual value of all hereditaments in the area of each Council bears to the aggregate of the net annual values of all hereditaments in the areas of all the Councils (half of the expenditure on items shown under heading (ii))	52,000
TOTAL	<hr/> £650,700

ACCOUNTS

The accounts in respect of the year ending 31st March, 1952 disclose that the net expenditure of the Authority for all purposes amounted to the sum of £614,523, made up as set out below, the figures for the preceding year being shown for comparison:—

1950/51		1951/52
£	(i) Revenue Account:	£
24,309	(a) Headquarters	30,808
300,203	(b) Hospitals under the control of the Authority	378,474
3,889	(c) Hospitals and Institutions not under the control of the Authority	4,555
114,594	(d) Clinics and Domiciliary Services	123,717
14,513	(e) Mass Radiography Service	21,271
5,257	(f) Bacteriological Service	6,237
64	(g) Miscellaneous	44
<u>£462,829</u>		<u>565,106</u>
12,228	Less General Receipts	10,565
<u>£450,601</u>		<u>£554,541</u>
	(ii) Capital Account:	
	(a) Land and Buildings purchased or otherwise acquired	599
10,264	(b) New Buildings, Adaptations and Extensions	30,080
54,716	(c) Provision of X-ray Plant	1,043
3,213	(d) Miscellaneous items of equipment	28,260
<u>23,497</u>		<u>59,982</u>
91,690		
<u>£542,291</u>		<u>£614,523</u>

The revenue expenditure in respect of Headquarters shows an increase of £6,499 over the previous year. This increase is due to the employment of additional staff, increases in salaries and expansion of the propaganda service.

The total revenue expenditure on hospitals under the control of the Authority show an increase of £78,271 as compared with the previous year. This increase is accounted for by:—

- (a) The increase in bed accommodation, as shown in the table of patient day costs.
- (b) Increases in staff salaries and wages.
- (c) Increased costs of foodstuffs, medical supplies, fuel, light and power, etc.

The following table shows the average cost per patient-day (excluding Headquarters and Bacteriological Service expenditure) at each hospital under

the control of the Authority for the years 1950/51 and 1951/52, together with the total patient days:—

Name of Hospital	1950/51		1951/52	
	No. of Patient Days	Patient day Costs	No. of Patient Days	Patient Day Costs
		s. d.		s. d.
Armagh Chest Hospital	13,900	17 8·25	14,516	19 3·80
Crawfordsburn Hospital	14,361	27 5·28	23,833	26 4·02
Downpatrick Chest Hospital	8,322	23 6·22	15,123	19 4·28
Dungannon Chest Hospital	31,444	19 7·69	33,693	20 6·44
Killadeas Hospital	8,197	25 0·23	10,449	23 4·29
Londonderry Chest Hospital	42,342	21 6·84	60,098	21 6·62
The Orthopaedic Hospital	22,699	28 10·19	40,004	24 10·18
Whiteabbey Hospital	117,801	22 1·22	124,136	24 0·83
Total Patient Days	259,066		321,852	

The average cost per patient-day for all hospitals for the year 1950/51 was 22/6d. and for the year 1951/52, 23/0d.

The revenue expenditure on the Clinic and Domiciliary Services shows an increase of £9,123 over the previous year, due mainly to expansion of the schemes for provision of milk and Home Help Service.

In the Mass Radiograhpy Service the mobile unit came into full operation in the financial year 1951/52, and this together with increases in salaries, cost of medical requisites and X-ray films, etc., accounts for the total increase of £6,758 over the previous year.

STAFF

The medical staff establishment for No. 4 Administrative Area was the subject of review during the year and with the concurrence of the Ministry of Health and Local Government, the number of chest physicians was increased by one to meet the expansion of the services in the area.

A physician was appointed to the clinical charge of the newly-created BCG Department, and a further post of physician was added to the establishment of the Mass Radiography Service.

A special Sub-Committee which was set up by the Authority for the purpose of reviewing the existing medical establishment, particularly in relation to the employment of registrars, met on several occasions, and submitted a number of interim recommendations for the Authority's consideration. A final report from this committee on the broader issues of the subject of medical staff establishment is still awaited.

The Advisory Grading (Tuberculosis) (Appeals) Committee met once during the year, when five appeals were considered, one of which was upheld and the others disallowed.

Special leave of absence was granted to Dr. D. G. Simpson, M.R.C.P., Principal Registrar at Whiteabbey Hospital, to enable him to take up an appointment in a hospital in the United States, with the object of gaining additional experience in the treatment of tuberculosis and other diseases of the chest.

Apart from enrolled assistant nurses, little difficulty has been experienced in securing nursing staff to fill vacancies in the establishments of the various

Authority-controlled hospitals. The recruitment of nurses in the category mentioned shows little or no improvement over the previous year, but it is hoped that as a result of the facilities now available for the training of assistant nurses at certain hospitals in the Province, the position will adjust itself in due course.

The number of tuberculosis health visitors was increased from 32 to 36, whilst two nurses previously appointed to undertake domiciliary visitations of orthopaedic cases were declared redundant.

A number of changes was made in the administrative, clerical and typing establishments to meet changing conditions at Headquarters and in the various areas.

The Authority is happy to take this opportunity of expressing its thanks to all members of the staff for their unremitting efforts, loyalty and co-operation during the past year.

ACKNOWLEDGMENTS

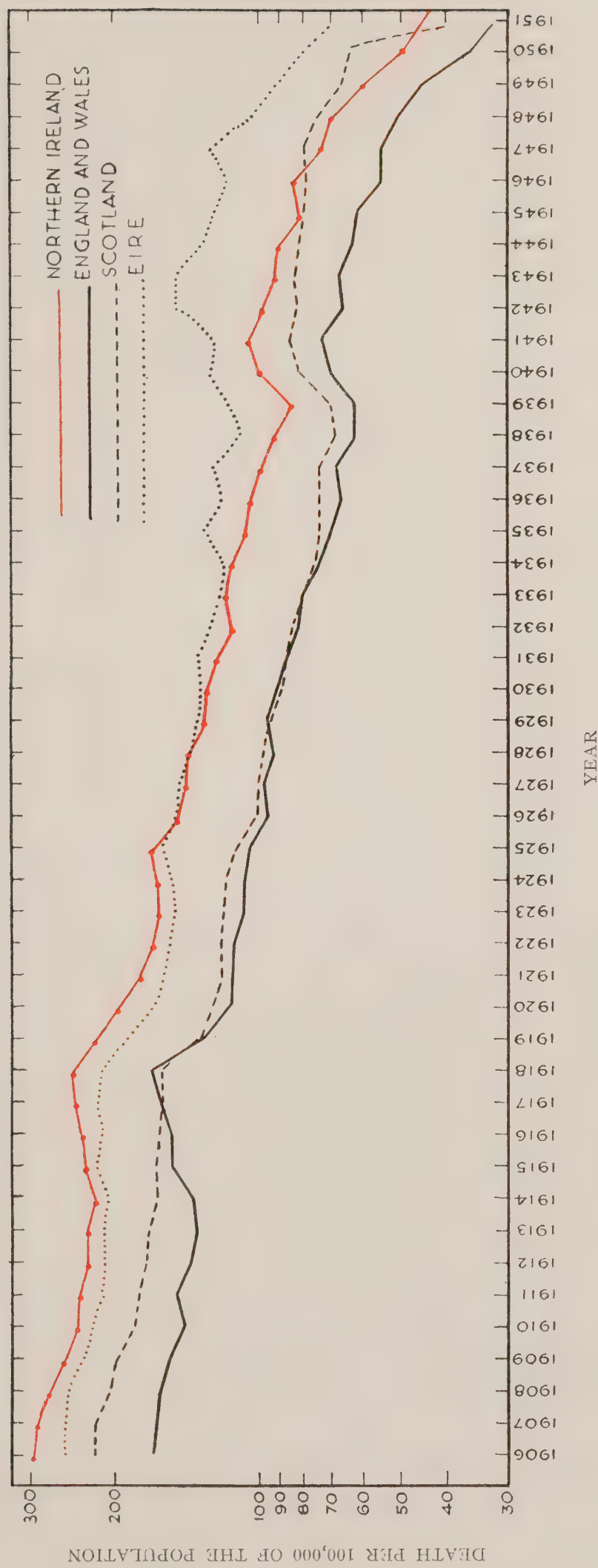
In addition to those specially referred to in the preceding pages, the Authority desires to record its grateful thanks to Dr. E. A. Cheeseman, of Queen's University, for his helpful advice on statistical problems, and to the Registrar-General for Northern Ireland and his staff for the prompt and efficient attention given to the various requests for information made by the Authority from time to time during the year 1952.

D. HALL CHRISTIE, *Chairman.*

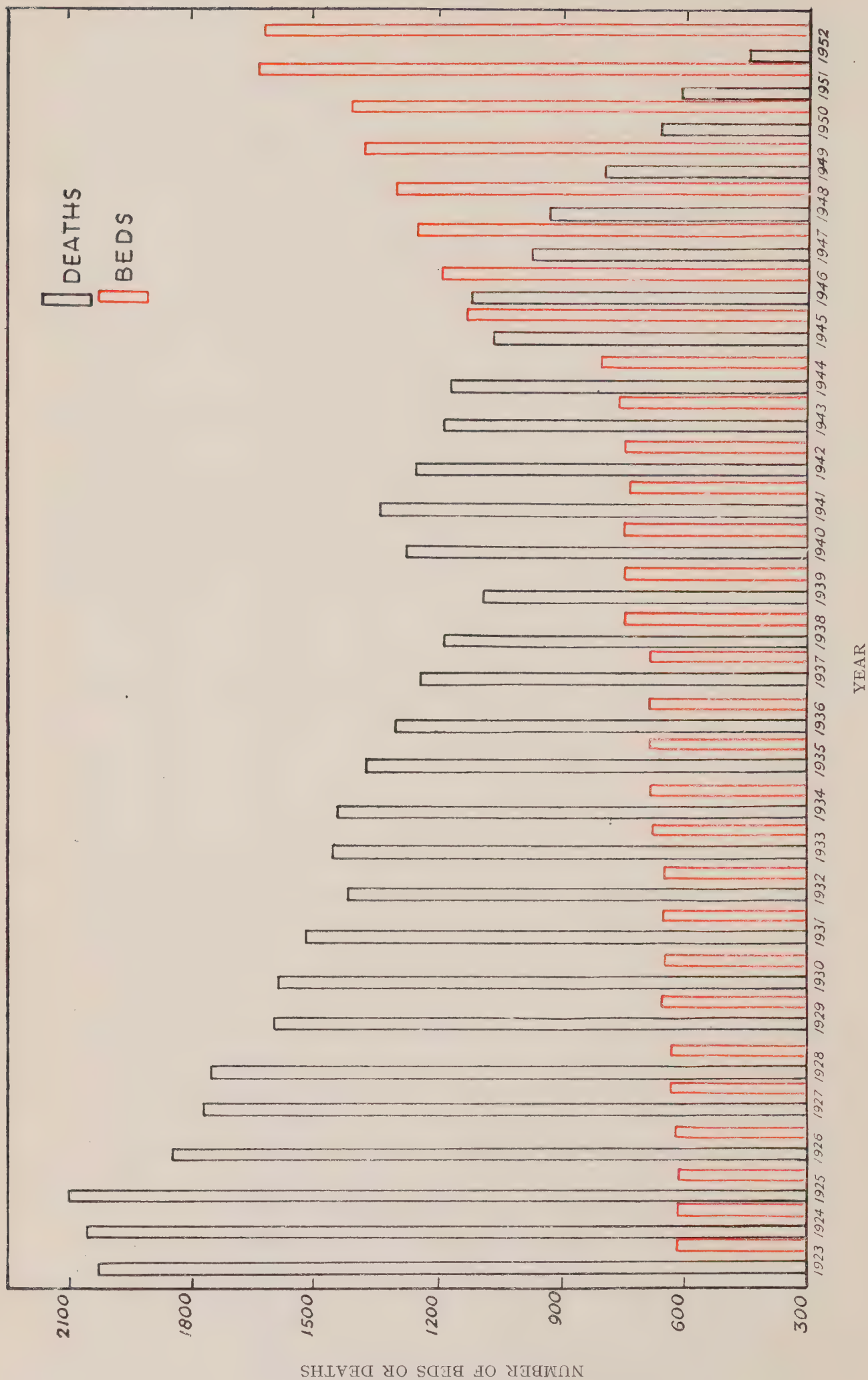
ANDREW SCOTT, *Vice-Chairman.*

WILLIAM HARVEY, *Secretary.*

SECTION C



GRAPH I. Mortality from all forms of Tuberculosis, 1906-1951, British Isles.



GRAPH II. Deaths from Tuberculosis (all forms), and beds available for Tuberculosis in Northern Ireland, 1923-1952.

SECTION D

DEFINITIONS OF TERMS USED IN THE STATISTICAL TABLES

The classification used in the statistical tables is that recommended by the Ministry of Health in Memorandum 37/T, issued in May, 1947, from which the following abridged definitions have been taken.

- I Patients under 15 years of age are classed as children, and those of 15 years and upwards as adults.
- II Patients are divided into respiratory and non-respiratory cases, as follows:—
- (i) *A respiratory case* is one in which there is a tuberculous lesion of the lungs, pleura, intrathoracic glands, trachea or larynx.
 - (ii) *A non-respiratory case* is one in which a tuberculous lesion is present in one or more parts of the body other than the lungs, pleura, intrathoracic glands, trachea or larynx.
- A case in which both respiratory and non-respiratory lesions of clinical significance are present is classified as a respiratory case.
- III Patients suffering from any form of tuberculosis are further divided into:
- Class A.*—Cases in which tubercle bacilli have never been discovered in any exudate, excrement, discharge or tissue.
- Class B.*—Cases in which tubercle bacilli have been found at any time in any exudate, excrement, discharge or tissue.
- A patient originally in Class A (T.B. minus) is transferred to Class B (T.B. plus) at any stage in the course of treatment if and when tubercle bacilli are found, but, for purposes of classification at the time of first observation if tubercle bacilli have not been found in any excreta or discharge prior to or during the first eight weeks of observation or residential treatment, that patient is considered an A case.
- IV Respiratory cases in Classes A and B are further sub-divided into three groups, as follows:—
- Group 1.* Cases with slight constitutional disturbance.
 - Group 3.* Cases with profound systemic disturbance or constitutional deterioration, and with marked impairment of function, either local or general.
 - Group 2.* All cases which cannot be placed in Group 1 or 3.
- V *Quiescent.* Cases in which the general condition and exercise tolerance are good, having regard to the extent of the lesion; which show no evidence of toxæmia; in which no tubercle bacilli have been found on three consecutive monthly examinations by stained film; and in which changes revealed by other clinical investigations and by serial skiagram point to retrogression of the tuberculous lesion.
- VI *Recovered.* Cases in which the state of quiescence has continued uninterruptedly for a period of five years.

The following definitions have been adopted by the Authority:—

Contact. The term “contact” refers to all cases in which there is or has been during the previous twelve months intimate relationship with a case of tuberculosis, whether the contact is referred to the clinic as a new case or as a routine procedure.

Private Patient. A person who is notified to the Authority as a definite case of tuberculosis but who declines to attend a clinic for examination and supervision, is considered to be a “private patient.” In addition, any patient on the Authority’s register who fails to attend the clinic during two consecutive years (at least one appointment being made in each year) is regarded as a “private patient.” Information concerning such patients is collected annually from the family doctor.

Contractions. The following contractions are used in the tables:—

M—Males.

F—Females.

C—Children.

TABLE I

Summary of Tuberculosis Register for Year ended 31st December, 1952

	Area	TUBERCULOSIS		
		Respiratory	Non-Respiratory	Total
(a) Number of cases on area registers at 1/1/52:	1A	2,076	208	2,284
	1B	2,420	353	2,773
	1C	3,249	288	3,537
	2	2,158	479	2,637
	3	969	170	1,139
	4	1,339	340	1,679
	Total	12,211	1,838	14,049
(b) Number of cases transferred from other areas, cases returned after discharge in previous years and cases transferred from non-respiratory to respiratory during the year:	1A	49	11	60
	1B	62	10	72
	1C	47	6	53
	2	34	5	39
	3	20	3	23
	4	25	4	29
	Total	237	39	276
(c) New cases notified during the year:	1A	233	35	268
	1B	273	61	334
	1C	370	55	425
	2	267	76	343
	3	153	32	185
	4	246	47	293
	Total	1,542	306	1,848
(d) Total additions to register during the year: (b) + (c)	1A	282	46	328
	1B	335	71	406
	1C	417	61	478
	2	301	81	382
	3	173	35	208
	4	271	51	322
	Total	1,779	345	2,124
(e) Number of cases transferred to other areas, cases not desiring further assistance under the scheme, and cases lost sight of or otherwise removed during the year:	1A	127	34	161
	1B	162	27	189
	1C	128	20	148
	2	36	8	44
	3	44	12	56
	4	61	13	74
	Total	558	114	672
(f) Deaths during the year:	1A	52	5	57
	1B	54	6	60
	1C	95	8	103
	2	68	16	84
	3	23	6	29
	4	40	13	53
	Total	332	54	386

TABLE I—*continued*.

	Area	TUBERCULOSIS		
		Respiratory	Non-Respiratory	Total
(g) Cases recovered during year:	1A	52	10	62
	1B	127	30	157
	1C	104	15	119
	2	20	2	22
	3	43	4	47
	4	11	3	14
	Total	357	64	421
(h) Total deductions from the register during the year: (e) + (f) + (g)	1A	231	49	280
	1B	343	63	406
	1C	327	43	370
	2	124	26	150
	3	110	22	132
	4	112	29	141
	Total	1,247	232	1,479
(i) Number of cases on area registers at 31/12/52: (a) + (d) — (h)	1A	2,127	205	2,332
	1B	2,412	361	2,773
	1C	3,339	306	3,645
	2	2,335	534	2,869
	3	1,032	183	1,215
	4	1,498	362	1,860
	Total	12,743	1,951	14,694
(j) Number of private patients		126	18	144
(k) Total number of cases on Tuberculosis Register at 31/12/52: (i) + (j)		12,869	1,969	14,838

TABLE II

Analysis of cases of respiratory tuberculosis on register at 1st January, 1952, additions to and removals from register during the year and number receiving treatment at 31st December, 1952

TABLE III

Analysis of cases of non-respiratory tuberculosis on register at 1st January, 1952, additions to and removals from register during the year, and number receiving treatment at 31st December, 1952

Year of Notifi- cation	Sex	UNDER TREATMENT AT 1st JANUARY, 1952					ADDITIONS TO AREA REGISTERS DURING THE YEAR										REMOVALS FROM AREA REGISTERS DURING THE YEAR																				UNDER TREATMENT AT 31st DECEMBER, 1952																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
							New Cases Notified					Transfers in, transfers from other areas and return cases					Transfers to Respiratory					Recovered					Transfers out and transfers to other areas					Died										Lost sight of or otherwise removed																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																												
		Bones and Joints	Abdomen	Other Organs	Peripheral Glands	Total	Bones and Joints	Abdomen	Other Organs	Peripheral Glands	Total	Bones and Joints	Abdomen	Other Organs	Peripheral Glands	Total	Bones and Joints	Abdomen	Other Organs	Peripheral Glands	Total	Bones and Joints	Abdomen	Other Organs	Peripheral Glands	Total	Bones and Joints	Abdomen	Other Organs	Peripheral Glands	Total	Bones and Joints	Abdomen	Other Organs	Peripheral Glands	Total	Bones and Joints	Abdomen	Other Organs	Peripheral Glands	Total																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																													
1952	M	—	—	—	—	—	46	7	23	15	91	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—</

TABLE IV

Cases of tuberculosis notified during the year 1952 analysed by sex and age groups

Age Groups	TUBERCULOSIS						Grand Total
	Respiratory		Non-Respiratory		Total		
	M	F	M	F	M	F	
0—(Months)	1	—	—	—	1	—	1
3—	—	2	—	—	—	2	2
6—	1	2	1	1	2	3	5
9—	—	—	2	2	2	2	4
1—(Years)	6	5	6	7	12	12	24
2—	7	4	5	3	12	7	19
3—	4	1	4	3	8	4	12
4—	5	3	2	3	7	6	13
5—	23	12	18	15	41	27	68
10—	30	41	20	13	50	54	104
15—	89	150	19	23	108	173	281
20—	101	150	15	14	116	164	280
25—	82	120	9	18	91	138	229
30—	73	69	11	10	84	79	163
35—	52	44	4	7	56	51	107
40—	54	35	10	11	64	46	110
45—	52	33	6	4	58	37	95
50—	68	27	5	4	73	31	104
55—	48	18	4	6	52	24	76
60—	43	22	3	6	46	28	74
65+	45	20	4	8	49	28	77
TOTAL	784	758	148	158	932	916	1,848

TABLE V

Cases of tuberculosis diagnosed during the year 1952 analysed by sex and age groups

Age Groups	TUBERCULOSIS						
	Respiratory		Non-Respiratory		Total		Grand Total
	M	F	M	F	M	F	
0—(Months)	1	—	—	—	1	—	1
3—	—	2	—	—	—	2	2
6—	1	2	1	1	2	3	5
9—	—	—	2	2	2	2	4
1—(Years)	6	5	6	7	12	12	24
2—	7	4	5	3	12	7	19
3—	4	1	4	3	8	4	12
4—	5	2	2	3	7	5	12
5—	23	11	17	14	40	25	65
10—	30	41	20	13	50	54	104
15—	89	150	19	23	108	173	281
20—	100	150	15	14	115	164	279
25—	82	118	8	18	90	136	226
30—	73	69	11	10	84	79	163
35—	52	44	4	7	56	51	107
40—	51	35	11	11	62	46	108
45—	52	33	6	4	58	37	95
50—	68	25	5	4	73	29	102
55—	46	18	4	6	50	24	74
60—	42	22	3	6	45	28	73
65+	45	20	4	8	49	28	77
TOTAL	777	752	147	157	924	909	1,833

TABLE VI

Cases of tuberculosis notified during the year 1952 analysed by areas, classification and sex with corresponding rates per 1,000 of the population in italics

AREA	TUBERCULOSIS						Grand Total
	Respiratory		Non-Respiratory		Total		
	M	F	M	F	M	F	
Belfast County Borough	343 <i>1·64</i>	279 <i>1·19</i>	42 <i>0·20</i>	50 <i>0·21</i>	385 <i>1·84</i>	329 <i>1·41</i>	714 <i>1·61</i>
Londonderry Co. Borough	35 <i>1·50</i>	32 <i>1·19</i>	8 <i>0·34</i>	5 <i>0·19</i>	43 <i>1·84</i>	37 <i>1·38</i>	80 <i>1·60</i>
County Antrim	113 <i>1·01</i>	101 <i>0·85</i>	26 <i>0·23</i>	28 <i>0·24</i>	139 <i>1·24</i>	129 <i>1·09</i>	268 <i>1·16</i>
County Armagh	42 <i>0·74</i>	46 <i>0·79</i>	16 <i>0·28</i>	11 <i>0·19</i>	58 <i>1·03</i>	57 <i>0·99</i>	115 <i>1·01</i>
County Down	112 <i>0·95</i>	121 <i>0·98</i>	25 <i>0·21</i>	29 <i>0·24</i>	137 <i>1·16</i>	150 <i>1·22</i>	287 <i>1·19</i>
Co. Fermanagh	22 <i>0·79</i>	29 <i>1·15</i>	6 <i>0·22</i>	2 <i>0·08</i>	28 <i>1·01</i>	31 <i>1·22</i>	59 <i>1·11</i>
Co. Londonderry (including Co. Borough)	55 <i>1·03</i>	70 <i>1·34</i>	5 <i>0·09</i>	11 <i>0·21</i>	60 <i>1·13</i>	81 <i>1·55</i>	141 <i>1·34</i>
County Tyrone	61 <i>0·90</i>	68 <i>1·06</i>	20 <i>0·30</i>	19 <i>0·29</i>	81 <i>1·20</i>	87 <i>1·35</i>	168 <i>1·27</i>
Total for North- ern Ireland	783 <i>1·17</i>	746 <i>1·06</i>	148 <i>0·22</i>	155 <i>0·22</i>	931 <i>1·39</i>	901 <i>1·28</i>	1,832 <i>1·34</i>
Home address outside North- ern Ireland	1	12	—	3	1	15	16
Total new cases notified	784	758	148	158	932	916	1,848

Population figures are taken from the Registrar General's Preliminary Report on the Census of Population, 1951.

TABLE VII

Cases of tuberculosis notified in the County Borough of Belfast during the year 1952 analysed by wards, classification and sex with corresponding rates per 1,000 of the population in italics.

WARD	TUBERCULOSIS						
	Respiratory		Non-Respiratory		Total		Grand Total
	M	F	M	F	M	F	
Clifton	34 <i>1.41</i>	39 <i>1.42</i>	6 <i>0.25</i>	8 <i>0.29</i>	40 <i>1.66</i>	47 <i>1.72</i>	87 <i>1.69</i>
Court	31 <i>3.71</i>	17 <i>1.97</i>	3 <i>0.36</i>	2 <i>0.23</i>	34 <i>4.07</i>	19 <i>2.20</i>	53 <i>3.12</i>
Cromac	9 <i>0.87</i>	20 <i>1.61</i>	2 <i>0.19</i>	1 <i>0.08</i>	11 <i>1.06</i>	21 <i>1.69</i>	32 <i>1.40</i>
Dock	15 <i>2.16</i>	5 <i>0.65</i>	3 <i>0.43</i>	1 <i>0.13</i>	18 <i>2.59</i>	6 <i>0.77</i>	24 <i>1.63</i>
Duncairn	26 <i>1.50</i>	23 <i>1.22</i>	1 <i>0.06</i>	4 <i>0.21</i>	27 <i>1.56</i>	27 <i>1.43</i>	54 <i>1.49</i>
Falls	36 <i>2.31</i>	28 <i>1.59</i>	3 <i>0.19</i>	6 <i>0.34</i>	39 <i>2.50</i>	34 <i>1.93</i>	73 <i>2.20</i>
Ormeau	30 <i>1.43</i>	20 <i>0.83</i>	4 <i>0.19</i>	4 <i>0.17</i>	34 <i>1.62</i>	24 <i>1.00</i>	58 <i>1.29</i>
Pottinger	26 <i>1.19</i>	19 <i>0.79</i>	5 <i>0.23</i>	1 <i>0.41</i>	31 <i>1.42</i>	20 <i>0.83</i>	51 <i>1.11</i>
St. Anne's	23 <i>1.56</i>	18 <i>1.12</i>	6 <i>0.41</i>	3 <i>0.19</i>	29 <i>1.96</i>	21 <i>1.31</i>	50 <i>1.62</i>
St. George's	16 <i>2.30</i>	9 <i>1.14</i>	2 <i>0.29</i>	— —	18 <i>2.58</i>	9 <i>1.14</i>	27 <i>1.82</i>
Shankill	20 <i>1.33</i>	17 <i>1.03</i>	4 <i>0.27</i>	5 <i>0.30</i>	24 <i>1.60</i>	22 <i>1.33</i>	46 <i>1.46</i>
Smithfield	10 <i>1.99</i>	16 <i>2.90</i>	— —	2 <i>0.36</i>	10 <i>1.99</i>	18 <i>3.27</i>	28 <i>2.66</i>
Victoria	23 <i>1.26</i>	18 <i>0.96</i>	1 <i>0.05</i>	4 <i>0.21</i>	24 <i>1.32</i>	22 <i>1.17</i>	46 <i>1.24</i>
Windsor	22 <i>1.87</i>	16 <i>1.05</i>	— —	4 <i>0.26</i>	22 <i>1.87</i>	20 <i>1.31</i>	42 <i>1.55</i>
Woodvale	22 <i>1.81</i>	14 <i>1.07</i>	2 <i>0.16</i>	5 <i>0.38</i>	24 <i>1.97</i>	19 <i>1.45</i>	43 <i>1.70</i>
TOTAL	343 <i>1.64</i>	279 <i>1.19</i>	42 <i>0.20</i>	50 <i>0.21</i>	385 <i>1.84</i>	329 <i>1.41</i>	714 <i>1.61</i>

Population figures are taken from the Registrar-General's Preliminary Report on the Census of Population, 1951.

TABLE VIII

Number of persons examined at Chest Clinics during the year 1952 analysed by area, classification and sex.

AREA	Number of new persons examined excluding contacts																New contacts examined																Total Number of Re-Examinations including Follow-up Contact Examinations	Total Clinic Attendances
	Tuberculous				Non-Tuberculous				Observation				Total				Tuberculous				Non-Tuberculous				Observation				Total					
	Adult		Child		Adult		Child		Adult		Child		Adult		Child		Adult		Child		Adult		Child		Adult		Child		Adult		Child			
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F				
1A	114	94	10	12	201	260	125	132	86	93	27	38	401	447	162	182	6	4	3	-	251	407	255	225	25	31	42	26	282	442	300	251	10,157	12,624
1B	125	119	21	19	311	455	182	172	180	187	85	80	596	761	288	271	18	15	3	2	172	348	173	201	52	85	111	110	242	448	287	313	9,502	12,708
1C	186	129	19	19	362	528	189	199	161	157	62	64	709	814	270	282	14	22	7	7	289	462	389	381	18	38	66	86	321	522	462	474	9,026	12,880
2	120	146	19	12	504	570	115	99	135	131	57	59	759	847	191	170	20	14	3	5	148	238	179	157	32	35	59	51	200	287	241	213	5,746	8,654
3	70	65	9	1	658	487	101	113	68	59	15	5	796	611	125	119	3	11	1	-	138	162	131	126	-	2	3	1	141	175	135	127	3,530	5,759
4	91	120	21	22	445	632	201	177	138	105	42	31	674	857	264	230	9	16	5	4	215	320	298	275	10	15	11	15	234	351	314	294	4,265	7,483
TOTALS	706	673	99	85	2,481	2,932	913	892	748	732	288	277	3,935	4,337	1,300	1,254	70	82	22	18	1,213	1,937	1,425	1,365	137	206	292	289	1,420	2,225	1,739	1,672	42,226	60,108
	1,379		184		5,413		1,805		1,480		565		8,272		2,554		152		40		3,150		2,790		343		581		3,645		3,411			
	1,563				7,218				2,045				10,826				192				5,940				924				7,056					

NOTE: The difference between the total numbers of cases found on examination (1,755) and the total new cases diagnosed (1833, Table V) consists of posthumous notifications on Form C.

Analysis of New Contacts examined during the year 1952 with comparative figures for the years 1948—1951

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TABLE N

*Summary of position after a period of six months in regard to the examination of Contacts of new cases notified from January—
June 1952*

Area	Number of cases notified	Number of cases not visited for special reasons	Number for whom information has not been received	Number followed up for Contacts	Total Number of Contacts				Number examined after 6 Months				Number outstanding after 6 Months			
					M	F	C	Total	M	F	C	Total	M	F	C	Total
1A	136	11	—	125	167	171	165	503	140	141	159	440	27	30	6	63
1B	183	9	2	172	217	269	264	750	165	199	234	598	52	70	30	152
1C	235	25	—	210	267	313	305	885	199	237	285	721	68	76	20	164
2	176	7	4	165	237	254	242	733	125	159	206	490	112	95	36	243
3	96	5	—	91	154	129	163	446	99	91	145	335	55	38	18	111
4	151	9	—	142	204	238	253	695	116	142	191	449	88	96	62	246
Total	977	66	6	905	1,246	1,374	1,392	4,012	844	969	1,220	3,033	402	405	172	979

TABLE XI

Number of X-ray examinations carried out at Chest Clinics during the year 1952, analysed by areas.

Area	Number of X-ray Examinations
1A	10,996
1B	10,202
1C	12,015
2	7,945
3	6,128
4	8,587
Total	55,873

TABLE XII

Comparative analysis of the number of X-ray examinations carried out at Chest Clinics during the years 1948—1952

Year	Total number of X-ray Examinations
1948	28,303
1949	40,604
1950	45,449
1951	47,795
1952	55,873
Total for the five years 1948—1952	218,024

TABLE XIII

A.P. and P.P. treatment carried out at Chest Clinics during the year 1952 analysed by areas

	AREAS						Total
	1A	1B	1C	2	3	4	
A.P. Refills	1,028	1,178	594	1,315	1,813	1,545	7,473
P.P. Refills	708	1,205	522	1,319	1,050	2,456	7,260
Number of patients receiving A.P. or P.P. treatment at end of year	53	64	30	66	80	108	401

TABLE XIV

Visits made by Health Visitors during the year 1952 analysed by areas

Area	TYPE OF VISIT											Total
	New Contacts	Contacts	Mantoux	BCG	PAS	Non- Respiratory Tuberculosis	Observation Cases	Monthly	Quarterly	Yearly	Other	
1A	295	377	222	311	244	126	199	2,307	3,399	537	2,374	10,391
1B	391	807	330	180	297	218	213	1,802	4,360	1,416	1,057	11,071
1C	445	507	287	188	356	373	117	3,188	7,200	667	1,911	15,239
2	533	960	1,051	233	527	442	397	4,304	2,259	281	1,019	12,006
3	171	338	206	12	114	98	89	1,108	1,347	274	638	4,395
4	289	792	442	119	202	160	233	2,153	1,525	403	727	7,045
Total	2,124	3,781	2,538	1,043	1,740	1,417	1,248	14,862	20,090	3,578	7,726	60,147

TABLE XV

Comparative analysis of the number of visits made by Health Visitors during the years 1948—1952

Year	Total Number of Visits
1948	25,401
1949	41,854
1950	51,761
1951	45,905
1952	60,147

TABLE XVI

Analysis of number of patients supplied with Home Helps during the years 1948—1952

Year	AREA								Total
	Belfast Co. Boro'	London- derry Co. Boro'	Antrim County	Armagh County	Down County	Fermanagh County	London- derry County	Tyrone County	
1948	—	2	—	—	2	—	—	—	4
1949	—	11	—	1	30	1	—	—	43
1950	22	28	—	—	53	—	1	—	104
1951	70	21	4	—	42	—	3	—	140
1952	108	27	26	7	36	2	10	4	220

TABLE XVII

Comparative analysis of the number of Home Helps in employment at 31st December each year for the years 1948—1952

Date	AREA								Total
	Belfast Co. Boro'	London- derry Co. Boro'	Antrim County	Armagh County	Down County	Fermanagh County	London- derry County	Tyrone County	
31/12/48	—	2	—	—	2	—	—	—	4
31/12/49	—	3	—	—	21	—	—	—	24
31/12/50	13	3	—	—	22	—	1	—	39
31/12/51	35	17	4	—	19	—	3	—	78
31/12/52	56	11	16	5	17	2	5	1	113

TABLE XVIII

Number of patients in receipt of free milk at 31st December, 1952 analysed by areas

Area	Number of Patients in Receipt of free Milk at 31/12/52
1A	189
1B	325
1C	527
2	497
3	218
4	237
Total	1,993

TABLE XIX

Comparative analysis of the number of patients in receipt of free milk at 31st December, each year for the years 1948—1952

Date	Number of Patients Receipt of free Milk
31/12/48	1,317
31/12/49	1,860
31/12/50	1,700
31/12/51	1,851
31/12/52	1,993

TABLE XX

Number of patients in receipt of bed and bedding at 31st December, 1952 analysed by areas

Area	Number of Patients in Receipt of Bed and Bedding at 31/12/52
1A	191
1B	192
1C	326
2	163
3	59
4	93
Total	1,024

TABLE XXI

Analysis of issues made under the bed and bedding scheme during the year 1952

Items	AREA						Total
	1A	1B	1C	2	3	4	
Beds	39	43	64	27	22	30	225
Mattresses	44	47	68	28	21	33	241
Mattress Covers	8	8	17	4	3	3	43
Pillows	27	6	14	2	15	2	66
Pillow Cases	50	15	18	2	26	2	113
Sheets	122	101	183	81	55	71	613
Blankets	241	185	339	133	100	132	1,130
Cots	2	1	5	—	—	—	8
Cot Mattresses	2	1	4	—	—	—	7
Cot Mattress Covers	—	1	1	—	—	—	2
Fracture Boards	—	3	3	—	—	—	6
Rubber Sheets	—	—	5	—	—	—	5

TABLE XXII

Comparative analysis of the number of patients in receipt of bed and bedding at 31st December each year for the years 1948—1952

Date	Number of Patients in Receipt of Bed and Bedding
31/12/48	428
31/12/49	761
31/12/50	918
31/12/51	1,008
31/12/52	1,024

TABLE XXIII

Number of patients in receipt of chalets at 31st December, 1952 analysed by areas

Area	Number of Patients in Receipt of Chalets at 31/12/52
1A	6
1B	19
1C	2
2	38
3	19
4	18
Total	102

TABLE XXIV

Comparative analysis of the number of patients in receipt of chalets at 31st December each year for the years 1948—1952

Date	Number of Patients in Receipt of Chalets
31/12/48	55
31/12/49	119
31/12/50	119
31/12/51	105
31/12/52	102

TABLE XXV

Return showing the number of patients in hospital at 1st January, 1952, the number of admissions, discharges and deaths during the year, and the number of patients in hospital at 31st December, 1952

Name of Hospital	Number of Patients				
	In Hospital 1/1/52	Admitted During 1952	Discharged During 1952	Died During 1952	In Hospital 31/12/52
Armagh Chest Hospital	40	49	49	—	40
Crawfordsburn Hospital	78	156	153	—	81
Downpatrick Chest Hospital	43	61	56	3	45
Dungannon Chest Hospital	90	152	150	3	89
Forster Green Hospital	204	293	290	7	200
Killadeas Hospital	26	48	47	1	26
Londonderry Chest Hospital	169	216	212	7	166
Musgrave Park Hospital (Respiratory Section)	324	469	471	21	301
The Orthopaedic Hospital, Greenisland	120	25	25	1	119
Whiteabbey Hospital	343	434	429	28	320
TOTAL	1,437	1,903	1,882	71	1,387

In addition there were 11 patients admitted to Musgrave Park Hospital and 24 patients admitted to Whiteabbey Hospital for observation and/or surgical treatment all of whom were discharged within 28 days of admission. 2 patients were admitted to Whiteabbey Hospital in the previous year for the same reason and discharged in the current year within 28 days of admission.

TABLE XXVI

Return showing the immediate results of treatment of all suspected and definitely tuberculous patients treated to a conclusion during the year 1952 in Armagh Chest Hospital, Crawfordstown Hospital, Dungannon Chest Hospital, Downpatrick Chest Hospital, Forster Green Hospital, Killadeas Hospital, Londonderry Chest Hospital, Musgrave Park Hospital (Respiratory Section), The Orthopaedic Hospital, Greenisland and Whiteabbey Hospital.

Classification on Admission to Hospital	Condition at time of Discharge from Hospital	Duration of Hospital Treatment												Totals			Grand Total			
		Under 1 month			1-3 months			3-6 months			6-12 months							More than 12 months		
		M	F	C	M	F	C	M	F	C	M	F	C	M	F	C		M	F	C
Observation	Non-Tub.	21	14	11	10	4	9	2	4	23	1	—	10	—	—	—	34	22	53	109
		—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	2
	Tub.	—	—	—	—	—	—	—	—	1	—	—	2	—	—	—	—	—	—	3
		—	2	—	1	2	1	1	—	—	—	—	—	—	—	—	2	6	1	9
TOTALS	(Observation)	21	17	12	11	6	10	3	4	24	1	2	12	—	—	—	36	29	58	123
CLASS A Group 1	Quiescent	1	2	—	4	6	9	19	18	24	12	24	42	1	4	5	37	54	80	171
	Not Quiescent	4	3	3	3	8	4	4	12	3	3	8	1	1	1	1	15	32	12	59
	Died in Hospital	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
CLASS A Group 2	Quiescent	—	1	—	12	—	1	12	14	—	11	30	2	5	8	—	40	53	3	96
	Not Quiescent	6	7	—	13	9	1	4	11	—	8	16	—	2	6	—	33	49	1	83
	Died in Hospital	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	1
CLASS A Group 3	Quiescent	—	—	—	—	—	1	1	—	—	2	3	2	1	—	—	4	3	3	10
	Not Quiescent	1	1	—	2	1	1	1	—	—	1	2	1	1	3	—	6	7	2	15
	Died in Hospital	—	—	4	1	—	1	—	—	—	—	—	—	—	—	—	1	—	5	6
CLASS B Group 1	Quiescent	—	—	—	1	4	—	6	4	—	16	12	—	4	10	—	27	30	—	57
	Not Quiescent	1	2	—	3	4	—	5	6	—	7	9	—	3	5	1	19	26	1	46
	Died in Hospital	—	—	—	—	—	—	—	—	—	1	—	—	1	—	—	2	—	—	2

Respiratory Tuberculosis

TABLE XXVI—continued.

Classification on Admission to Hospital	Condition at time of Discharge from Hospital	Duration of Hospital Treatment															Grand Total			
		Under 1 month			1—3 months			3—6 months			6—12 months			More than 12 months				Totals		
		M	F	C	M	F	C	M	F	C	M	F	C	M	F	C		M	F	C
Respiratory Tuberculosis	CLASS B	1	4	—	5	2	—	23	17	1	73	78	1	63	67	1	165	168	3	336
	Group 2	28	24	—	44	32	—	65	44	—	70	59	1	37	63	1	244	222	2	468
		2	—	—	2	—	—	1	—	—	2	2	—	3	3	—	10	5	—	15
CLASS B	Group 3	1	—	1	2	1	—	1	2	4	11	8	6	19	37	6	34	48	17	99
		9	9	1	21	16	—	41	18	1	47	28	4	40	40	—	158	111	6	275
		7	5	1	6	3	1	4	3	—	1	3	1	7	1	—	25	15	3	43
TOTALS	(Respiratory)	61	58	10	119	86	19	187	149	33	265	283	61	188	248	15	820	824	138	1,782
Non-Respiratory Tuberculosis	Bones and Joints	—	—	—	—	—	—	—	—	1	1	—	—	3	6	9	4	6	10	20
		1	2	—	—	2	—	—	—	—	—	—	—	—	—	2	1	4	2	7
		—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Abdominal	Quiescent	—	—	—	—	—	1	—	—	1	—	—	1	—	—	—	—	—	3	3
	Not Quiescent	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Died in Hospital	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Organs	Quiescent	—	—	—	—	1	2	—	—	—	2	—	3	2	—	1	4	1	6	11
	Not Quiescent	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	1	1	2
	Died in Hospital	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1	1
Peripheral Glands	Quiescent	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—	—	1	1	2
	Not Quiescent	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
	Died in Hospital	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTALS	(Non-Respiratory)	1	2	—	—	4	4	—	1	3	3	1	6	5	6	12	9	14	25	48

In addition there were 11 patients admitted to Musgrave Park Hospital and 24 patients admitted to Whiteabbey Hospital for observation and/or surgical treatment all of whom were discharged within 28 days of admission. 2 patients were admitted to Whiteabbey Hospital in the previous year for the same reason and discharged in the current year within 28 days of admission.

TABLE XXVII

Analysis of the average length of stay of patients discharged from hospital during the year 1952

Name of Hospital	Total Bed Days of Patients Discharged during the year 1952	Number of Patients Discharged during 1952	Number of Deaths in Hospital during 1952	Average Length of Stay in Hospital (in days)
Armagh Chest Hospital	14,319	49	—	292·22
Crawfordsburn Hospital	24,706	153	—	161·48
Downpatrick Chest Hospital	16,639	56	3	282·02
Dungannon Chest Hospital	36,996	150	3	241·80
Forster Green Hospital	95,777	290	7	322·48
Killadeas Hospital	9,202	47	1	191·71
Londonderry Chest Hospital	54,614	212	7	249·38
Musgrave Park Hospital:				
Respiratory Section	129,041	456	21	270·53
Observation	716	15	—	47·73
The Orthopaedic Hospital, Greenisland	19,377	25	1	745·27
Whiteabbey Hospital:				
Respiratory	115,433	394	25	275·50
Non-Respiratory	3,349	10	1	304·45
Observation	1,371	25	2	50·78

Average length of Stay:—

Respiratory Case	.....	265·06 days.
Non-Respiratory Case	.....	614·22 days.
Observation Case	.....	49·69 days.

TABLE XXVIII

Analysis of X-ray Examinations carried out on patients in hospital during the year 1952

X-ray Examination	Armagh Chest Hospital	Downpatrick Chest Hospital	Dun-gannon Chest Hospital	Killadeas Hospital	Musgrave Park Hospital	The Orthopaedic Hospital	London-derry Chest Hospital	White-abbey Hospital	Total
Abdominal	—	—	—	—	10	—	—	1	11
Barium Meals	—	—	—	—	9	—	2	2	16
Barium Tests	—	—	—	—	3	—	—	—	37
Bronchograms	—	—	—	—	8	—	—	27	1
Cholecystograms	—	—	—	—	1	—	1	—	4
Dental	—	—	—	—	3	—	—	—	8
Extremities	—	—	—	—	8	—	—	—	31
Intravenous Pyelograms	—	—	—	—	8	—	4	19	23
Joints	—	—	—	—	—	—	23	—	15
Pelvis	—	—	—	—	11	—	—	4	111
Portables	—	—	—	—	—	—	9	102	9,362
Pulmonary	1,466	*367	541	290	2,102	—	1,340	3,256	12
Shoulder Joints	—	—	—	—	9	—	—	3	4
Sinograms	—	—	—	—	4	—	—	—	12
Sinuses	—	—	—	—	9	—	3	—	586
Skeletal	—	—	—	—	—	583	3	—	104
Spines	—	—	—	—	49	—	22	33	2,416
Tomograms	—	*3	—	—	127	—	39	2,247	117
Miscellaneous	—	—	—	—	12	—	—	105	

* Indicates that X-ray was carried out at another hospital.

TABLE XXIX
Summary of surgical treatment carried out on patients in hospital during the year 1952

Surgical Treatment	Armagh Chest Hospital	Down- patrick Chest Hospital	Dun- gannon Chest Hospital	Killadeas Hospital	Musgrave Park Hospital	London- derry Chest Hospital	White- abbey Hospital	Total
A.P. Inductions (successful)	3	—	18	6	55	30	38	150
A.P. Inductions (unsuccessful)	—	—	3	1	7	1	11	23
A.P. Refills	158	32	1,352	557	3,428	1,528	1,128	15,019
P.P. Refills	204	178				4,754	1,700	
P.P. Inductions	3	—	7	6	35	68	45	164
Antrum Puncture	—	—	—	—	—	—	2	2
Bronchogram	—	—	—	—	—	—	8	8
Bronchoscopy	—	—	—	—	58	38	109	205
Burr holes and Ventricular Puncture	—	—	—	—	—	—	1	1
Chest Aspirations	4	9	—	—	—	64	101	178
Closure of fistula and insertion of Drainage Tube	—	—	—	—	—	—	1	1
Cystoscopy	—	—	—	—	—	—	1	1
Decortication	—	—	—	—	—	—	1	1
Epididymectomy	—	—	—	—	—	—	1	1
Extrapleural Pneumothorax	—	—	—	—	4	—	—	4
Extrapleural Refills	—	—	—	—	—	—	—	—
Internal Pneumonolysis	—	—	—	—	39	—	20	20
Lobectomy	—	—	—	—	16	—	46	85
Laparotomy	—	—	—	—	—	—	12	28
Lumber Puncture	—	—	—	—	—	—	1	1
Periosteo-Plastic-Pneumonolysis	—	—	—	—	—	11	—	11
Phrenic Evulsion	—	—	—	—	3	—	—	3
Phrenic Operation	—	—	—	—	—	4	—	4
Phrenic Recrush (successful)	—	—	—	—	19	68	46	133
Phrenic Recrush (unsuccessful)	—	—	—	—	—	29	—	29
Pneumonectomy	—	—	—	—	—	3	—	3
Pneumonoplasty	—	—	—	—	14	—	11	25
Post Resection Thoracoplasty	—	—	—	—	—	—	4	4
	—	—	—	—	—	—	2	2
	—	—	—	—	—	—	(in stages)	—
Psoas Abscess (Incision Drainage)	—	—	—	—	—	—	1	1
Rib Resection and Intercostal Drainage	—	—	—	—	—	—	7	7
Segmental Resection	—	—	—	—	—	—	2	2
Thoracoplasty	—	—	—	—	72	—	137	209
	—	—	—	—	(in stages)	—	(in stages)	—
Thoracoplasty and Speliorophy	—	—	—	—	—	—	1	1
Thoracoscopy	—	—	—	—	6	—	10	16
Thoracoscopy and Pneumonolysis	—	—	—	—	—	29	—	29
Minor Surgery	—	—	141	—	—	—	—	141
Other Surgery	—	—	—	—	8	6	—	14

TABLE XXX

Composite waiting list for year 1952

Total number on waiting list at 1st January, 1952	.....	.....	374
Add: New cases placed on waiting list	.....	.....	1,580
			<hr/> 1,954
Deduct: Cases admitted to hospital	.....	.....	1,341
Deaths of patients on waiting list	.....	.....	22
Patients refusing hospital treatment	.....	.....	138
Cases removed for other reasons	.....	.....	228
			<hr/> 1,729
Total number on waiting list at 31st December, 1952	.....	.....	225

TABLE XXXI

Comparative analysis of the number of patients on waiting list at 31st December each year for the years 1948—1952

Date	Number on Waiting List
31/12/48	805
31/12/49	628
31/12/50	774
31/12/51	374
31/12/52	225

TABLE XXXII

Total number of persons X-rayed by Mass Radiography (Static Unit) during the year 1952 analysed according to results of examination
(percentage in italics)

MALES										
DIAGNOSIS										
Age Groups (in years)	TUBERCULOSIS						Other Abnor- malities	Normal	Total	
	Respiratory (Post Primary)		Pleural Effusion	Active Primary	Inactive Primary	Total				
	Active	Inactive								
0— %	2 0.06	— —	1 0.03	19 0.54	239 6.80	261 7.43	98 2.79	3,155 89.78	3,514 100.00	
15— %	36 0.55	9 0.14	3 0.05	9 0.14	419 6.39	476 7.27	208 3.18	5,862 89.55	6,546 100.00	
25— %	33 0.79	46 1.11	1 0.02	1 0.02	222 5.31	303 7.24	329 7.89	3,540 84.85	4,172 100.00	
35— %	30 1.11	44 1.64	— —	— —	173 6.44	247 9.19	333 12.39	2,107 78.42	2,687 100.00	
45— %	22 0.99	61 2.76	1 0.05	— —	167 7.55	251 11.35	523 23.64	1,438 65.01	2,212 100.00	
60+ %	8 2.10	12 3.15	— —	— —	39 10.24	59 15.49	155 40.68	167 43.83	381 100.00	
Total %	131 0.67	172 0.88	6 0.03	29 0.15	1,259 6.45	1,597 8.18	1,646 8.44	16,269 83.38	19,512 100.00	

Excluding 5 examinees in age group 15—, 5 in age group 25—, 3 in age group 35—, 1 in age group 45— and 1 in age group 60+ not classified.

TABLE XXXII—Continued.

FEMALES										
DIAGNOSIS										
Age Groups (in years)	TUBERCULOSIS						Other Abnor- malities	Normal	Total	
	Respiratory (Post Primary)		Pleural Effusion	Active Primary	Inactive Primary	Total				
	Active	Inactive								
0— %	4 0.15	— —	1 0.04	15 0.55	212 7.77	232 8.51	81 2.97	2,413 88.52	2,726 100.00	
15— %	72 0.88	11 0.13	1 0.01	8 0.10	598 7.30	690 8.42	375 4.58	7,130 87.00	8,195 100.00	
25— %	55 1.51	47 1.29	— —	3 0.08	283 7.75	388 10.63	339 9.29	2,923 80.08	3,650 100.00	
35— %	12 0.61	46 2.34	1 0.05	1 0.05	209 10.65	269 13.70	338 17.22	1,356 69.08	1,963 100.00	
45— %	9 0.65	36 2.61	1 0.07	— —	148 10.74	194 14.07	373 27.07	811 58.86	1,378 100.00	
60+ %	3 1.72	10 5.75	— —	— —	22 12.64	35 20.11	105 60.35	34 19.54	174 100.00	
Total %	155 0.86	150 0.83	4 0.02	27 0.15	1,472 8.14	1,808 10.00	1,611 8.91	14,667 81.09	18,086 100.00	

Excluding 2 examinees in age group 0—, 4 in age group 15— and 1 in age group 25— not classified.

TABLE XXXII—Continued.

BOTH SEXES										
DIAGNOSIS										
Age Groups (in years)	TUBERCULOSIS						Other Abnor- malities	Normal	Total	
	Respiratory (Post Primary)		Pleural Effusion	Active Primary	Inactive Primary	Total				
	Active	Inactive								
0— %	6 0.10	— —	2 0.03	34 0.54	451 7.23	493 7.90	179 2.87	5,568 89.23	6,240 100.00	
15— %	108 0.73	20 0.14	4 0.03	17 0.12	1,017 6.89	1,166 7.91	583 3.95	12,992 88.14	14,741 100.00	
25— %	88 1.13	93 1.19	1 0.01	4 0.05	505 6.46	691 8.84	668 8.54	6,463 82.62	7,822 100.00	
35— %	42 0.90	90 1.94	1 0.02	1 0.02	382 8.22	516 11.10	671 14.43	3,463 74.47	4,650 100.00	
45— %	31 0.86	97 2.70	2 0.06	— —	315 8.77	445 12.39	896 24.96	2,249 62.65	3,590 100.00	
60+ %	11 1.98	22 3.96	— —	— —	61 10.99	94 16.93	260 46.85	201 36.22	555 100.00	
Total %	286 0.76	322 0.86	10 0.03	56 0.15	2,731 7.26	3,405 9.06	3,257 8.66	30,936 82.28	37,598 100.00	

Excluding 2 examinees in age group 0—, 9 in age group 15—, 6 in age group 25—, 3 in age group 35—, 1 in age group 45— and 1 in age group 60+ not classified.

TABLE XXXIII

Total number of persons X-rayed by Mass Radiography (Mobile Unit) during the year 1952 analysed according to results of examination
(percentages in *italics*)

MALES										
Age Groups (in years)	DIAGNOSIS									Total
	TUBERCULOSIS						Other Abnor- malities	Normal		
	Respiratory (Post Primary)		Pleural Effusion	Active Primary	Inactive Primary	Total				
	Active	Inactive								
0— %	3 0.15	— —	— —	4 0.20	92 4.62	99 4.97	75 3.76	1,819 91.27	1,993 100.00	
15— %	15 0.24	38 0.60	— —	5 0.08	268 4.22	326 5.14	285 4.39	5,740 90.47	6,351 100.00	
25— %	17 0.40	52 1.21	1 0.02	1 0.02	169 3.93	240 5.58	242 5.63	3,816 88.79	4,298 100.00	
35— %	15 0.48	74 2.36	— —	— —	142 4.53	231 7.37	275 8.78	2,626 83.85	3,132 100.00	
45— %	11 0.45	74 3.04	— —	— —	119 4.89	204 8.38	439 18.03	1,792 73.59	2,435 100.00	
60+ %	3 0.69	21 4.59	— —	— —	33 7.57	57 12.85	147 33.72	232 53.43	436 100.00	
Not Stated %	— —	1 50.00	— —	— —	— —	1 50.00	1 50.00	— —	2 100.00	
Total %	64 0.34	260 1.39	1 0.01	10 0.05	823 4.41	1,158 6.20	1,464 7.85	16,025 85.95	18,647 100.00	

Excluding 1 examinee in age group 0—, 3 in age group 15—, 3 in age group 25—, 4 in age group 35— and 7 in age group 45— not classified.

TABLE XXXIII—Continued.

FEMALES										
Age Groups (in years)	DIAGNOSIS									Total
	TUBERCULOSIS						Other Abnor- malities	Normal		
	Respiratory (Post Primary)		Pleural Effusion	Active Primary	Inactive Primary	Total				
	Active	Inactive								
0— %	3 0.12	— —	— —	12 0.47	89 3.47	104 4.06	77 3.00	2,385 92.94	2,566 100.00	
15— %	52 0.63	32 0.39	1 0.01	3 0.04	322 3.91	410 4.98	285 3.46	7,547 91.56	8,242 100.00	
25— %	22 1.64	45 1.31	— —	— —	169 4.90	236 6.85	171 4.96	3,041 88.19	3,448 100.00	
35— %	10 0.48	35 1.69	— —	— —	96 4.64	141 6.81	175 8.46	1,753 84.73	2,069 100.00	
45— %	3 0.20	53 3.50	— —	— —	82 5.41	138 9.11	244 16.13	1,131 74.76	1,513 100.00	
60+ %	2 0.78	11 4.30	— —	— —	15 5.86	28 10.94	97 37.89	131 51.37	256 100.00	
Not Stated %	— —	— —	— —	— —	2 66.67	2 66.67	1 33.33	— —	3 100.00	
Total %	92 0.51	176 0.96	1 0.01	15 0.08	775 4.28	1,059 5.84	1,050 5.80	15,988 88.36	18,097 100.00	

Excluding 1 examinee in age group 0— and 2 in age group 45— not classified.

TABLE XXXIII—Continued.

BOTH SEXES									
Age Groups (in years)	DIAGNOSIS								Total
	TUBERCULOSIS						Other Abnor- malities	Normal	
	Respiratory (Post Primary)		Pleural Effusion	Active Primary	Inactive Primary	Total			
	Active	Inactive							
0— %	6 0.13	— —	— —	16 0.35	181 3.97	203 4.45	152 3.33	4,204 92.22	4,559 100.00
15— %	67 0.46	70 0.48	1 0.01	8 0.05	590 4.43	736 5.43	570 3.91	13,287 90.66	14,593 100.00
25— %	39 0.50	97 1.25	1 0.01	1 0.01	338 4.36	476 6.13	413 5.33	6,857 88.54	7,746 100.00
35— %	25 0.48	109 2.10	— —	— —	238 4.58	372 7.16	450 8.65	4,379 84.19	5,201 100.00
45— %	14 0.35	127 3.22	— —	— —	201 5.09	342 8.66	683 16.54	2,923 74.80	3,948 100.00
60+ %	5 0.72	32 4.62	— —	— —	48 6.94	85 12.28	244 35.26	363 52.46	692 100.00
Not Stated %	— —	1 20.00	— —	— —	2 40.00	3 60.00	2 40.00	— —	5 100.00
Total %	156 0.42	436 1.19	2 0.01	25 0.07	1,598 4.35	2,217 6.04	2,514 6.84	32,013 87.12	36,744 100.00

Excluding 2 examinees in age group 0—, 3 in age group 15—, 3 in age group 25—, 4 in age group 35— and 9 in age group 45— not classified.

TABLE XXXIV

Details of Laboratory Work carried out during the year 1952

CENTRAL LABORATORY, WHITEABBEY HOSPITAL

<i>Blood:</i>			<i>Pleural Fluid:</i>		
Calcium	.....	2	Bacteriological	.....	167
Cholesterol	.....	1	Cytological	.....	160
Serum Albumin	.....	2			
Serum Globulin	.....	2	<i>Synovial Fluid:</i>		
Serum Potassium	.....	1	Bacteriological	.....	15
Serum Protein	.....	1			
Serum Sodium	.....	1	<i>Ascitic Fluid:</i>		
Sugar	.....	277	Bacteriological	.....	3
Urea	.....	11			
Red and White Cell Counts	.....	455	<i>Faeces:</i>		
Platelet Count	.....	1	Bacteriological	.....	11
Haemoglobin	.....	407	Occult Blood	.....	3
Films	.....	67			
Grouping	.....	106	<i>Urine:</i>		
Rh. Typing	.....	106	Chemical	.....	949
Crossmatching	.....	205	Bacteriological	.....	518
Sedimentation Rate	.....	3,376			
Van den Bergh	.....	1	<i>Miscellaneous Examinations:</i>		
Widal	.....	3	Histological	.....	140
Paul Bunnell	.....	3	Autopsies	.....	5
			Phosphatase and Bacteriological		
<i>Sputum:</i>			Tests in Milk	.....	4
Direct Examination for <i>Myco.</i>			Fractional Test Meals	.....	5
<i>tuberculosis</i>	.....	15,140	Preparation of Tuberculin and		
Culture for <i>Myco. tuberculosis</i>	.....	7,286	Vaccines	.....	144
Malignant Cells	.....	46	Animal Inoculations	.....	33
Spirilla and Fungi	.....	20	Bone Marrow	.....	137
Pyogenic Organisms	.....	148	Tape Worm	.....	1
Asbestosis	.....	2	Food	.....	2
			<i>Cerebro-Spinal Fluid:</i>		
<i>Gastric Residue:</i>			(Non-Streptomycin Cases)		
Culture for <i>Myco. tuberculosis</i>	.....	2,100	Bacteriological	.....	255
			Cytological	.....	255
<i>Pus:</i>			Protein	.....	255
Bacteriological	.....	350	Chloride	.....	255
Ear Swabs	.....	8	Sugar	.....	255
Throat Swabs	.....	8			
Nasal Swabs	.....	4			
Sensitivity to Antibiotics	.....	84			

STREPTOMYCIN THERAPY

<i>Cerebro-Spinal Fluid:</i>			<i>Sensitivity Tests:</i>		
Bacteriological	.....	4,843	(Streptomycin and Isonico-		
Cytological	.....	2,817	tinic Acid)		
Protein	.....	2,801	Sputum	.....	762
Chloride	.....	2,444	Urine	.....	5
Sugar	.....	2,447	Cerebro-Spinal Fluid	.....	65
			Pus	.....	8
<i>Urine:</i>					
Culture for <i>Myco. tuberculosis</i>	.....	103			
Cytology, etc	.....	103			

TOTAL NUMBER OF INVESTIGATIONS:—50,194

LONDONDERRY CHEST HOSPITAL

<i>Blood :</i>			<i>Pus :</i>		
Haemoglobin	.....	1,222	Direct Examination for <i>Myco.</i>		
Films	.....	39	<i>tuberculosis</i>	.....	8
Red and White Cell Counts	.....	1,077	Culture for <i>Myco. tuberculosis</i>		6
Differential Counts	.....	4			
<i>Sputum :</i>			<i>Urine :</i>		
Direct Examinations for <i>Myco.</i>			Culture for <i>Myco. tuberculosis</i>		15
<i>tuberculosis</i>	.....	4,128	Cytological, etc.	.....	31
Culture Examination for <i>Myco.</i>			Routine Examinations	.....	813
<i>tuberculosis</i>	.....	355			
<i>Gastric Residue :</i>			<i>Peritoneal Fluid :</i>		
Culture for <i>Myco. tuberculosis</i>		140	Culture for <i>Myco. tuberculosis</i>		1
<i>Pleural Fluid :</i>			Cytological	.....	1
Culture for <i>Myco. tuberculosis</i>		13	Blood Sedimentation Rate	.....	3,909
Cytological	.....	13			

Laboratory Work carried out for Londonderry Chest Hospital by Dr. J. A. L. Johnston during the year 1952

<i>Blood :</i>			<i>Sputum :</i>		
Cholesterol	.....	1	Examination for <i>Myco.</i>		
Serum Protein	.....	2	<i>tuberculosis</i>	.....	1
Serum Phosphatase	.....	1	<i>Cerebro Spinal Fluid :</i>		
Red and White Cell Counts	.....	3	Cytological, etc.	.....	5
Sugar	.....	1	<i>Urine :</i>		
Urea	.....	14	Cytological, etc.	.....	1
Van den Bergh	.....	2	<i>Miscellaneous Examinations :</i>		
Paul Bunnell	.....	1	Packed Cell Volume	.....	1
Film	.....	1	Wassermann and Kahn	.....	8
Widal	.....	2	Swab— <i>Neisseria</i>	.....	1
Grouping	.....	2	Throat Swabs	.....	3
Blood Counts	.....	2	Pus	.....	3
B. <i>abortus</i>	.....	1			

DUNGANNON CHEST HOSPITAL

<i>Sputum :</i>		
Direct Examination for <i>Myco.</i>		
<i>tuberculosis</i>	.....	94

TABLE XXXV

Analysis of deaths from tuberculosis during the year 1952

Age Groups (in years)	Tuberculosis of the Respiratory System		Tuberculosis of Meninges and Central Nervous System		Tuberculosis of Intestines, and Peritoneum and Mesenteric Glands		Tuberculosis of the Bones and Joints		Tuberculosis all other forms		Total	
	M	F	M	F	M	F	M	F	M	F	M	F
Under 1	—	—	4	2	—	—	—	—	—	1	4	3
1—	—	1	2	7	—	—	—	—	—	2	2	10
2—	—	—	3	2	—	—	—	—	1	—	4	2
3—	—	—	2	1	—	—	—	—	—	—	2	1
4—	—	—	2	1	—	—	—	—	—	—	2	1
5—	—	—	3	4	—	—	—	—	—	—	4	4
10—	—	—	3	2	—	—	—	—	1	—	4	3
15—	3	3	3	3	—	—	—	—	1	—	4	6
20—	7	15	1	2	—	—	—	—	—	—	10	15
25—	11	25	1	—	—	—	—	—	—	—	12	25
30—	17	18	1	1	—	—	—	—	—	1	18	20
35—	16	12	—	—	—	—	—	1	—	1	16	14
40—	14	9	—	1	—	1	—	—	1	—	16	11
45—	21	9	—	—	—	—	2	1	1	1	24	11
50—	40	9	—	—	—	1	—	—	3	—	43	19
55—	15	6	1	—	—	—	1	1	—	1	17	8
60—	20	9	—	—	—	1	—	2	—	—	20	12
65—	13	3	—	—	—	—	1	—	—	1	14	4
70—	13	4	—	—	—	1	—	—	—	—	13	5
75—	6	2	—	—	—	—	—	3	—	—	6	5
80—	1	2	—	—	—	—	—	1	—	—	1	3
85+	—	1	—	—	—	—	—	—	—	—	—	1
Total	197	128	25	24	1	4	4	9	9	9	236	174

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KEY

- AREA BOUNDARIES
- - - COUNTY BOUNDARIES WHERE DIFFERING FROM AREA BOUNDARIES



CHEST CLINICS

CHEST HOSPITALS

AREAS

- No 1
- No 2
- No 3
- No 4



